

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90044 001 \*\*\*450.00

DOCUMENT # P01000007281

1. Entity Name  
 A.P. REALTY, INC.



Principal Place of Business  
 1401 SOUTH STATE ROAD 7  
 HOLLYWOOD, FL 33024

Mailing Address  
 344 NE 167 STREET  
 MIAMI, FL 33162-2303

**DO NOT WRITE IN THIS SPACE**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1070040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOTTLIEB, FREDERIC I  
 350 E. LAS OLAS BLVD.  
 SUITE 1700  
 FT. LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

8/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRASSI, AL 1401 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33024
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AL Petrassi

961-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #