√2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P01000011127** 04-28-2005 90151 029 ***150.00 APEX CAPITAL CORPORATION Principal Place of Business Mailing Address 9155 S. DADELAND BLVD. 9155 S. DADELAND BLVD. 1502 1502 MIAMI, FL 33156 US MIAMI, FL 33156 LIS 2. Principal Place of Business 3. Mailing Address 13040 Old Cuitler Rd 13040 Old Cutler Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL MIAMI miami, FL 65-1136460 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 33156 33156 US US Fee Required -_ -7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent RUBIN, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 13040 OLD CUTLER RD MIAMI, FL 33156 City Zip Code 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 ager 4-21-05 SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DM TITLE Delete TITLE ☐ Change Addition RUBIN, ROBERT D NAME NAME STREET ADDRESS 13040 OLD CUTLER RD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUBIN, MARCIA A NAME STREET ADDRESS 13040 OLD CUTLER RD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-7IP TITI £ ☐ Delete TILE ☐ Change Addition NAME HANFT, MICHELE NAME STREET ADDRESS 3605 CURTIS LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete TITLE Addition HANFT, JEFFERY NAME NAME STREET ADDRESS 3605 CURTIS LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Delete ППЕ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 actoriess, with a vother like empowered.

FILED

SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date