


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000017985	
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1. Entity Name
APM-I, INC.

Principal Place of Business
122 GOLDEN BEACH DR.
GOLDEN BEACH, FL 33160

Mailing Address
122 GOLDEN BEACH DR.
GOLDEN BEACH, FL 33160



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0112060	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOK, ROBERT A
2875 N.E. 191ST ST., STE. 304
AVENTURA, FL 33180

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000546725
05/11/06-80127-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	MELTZER, ODED
STREET ADDRESS	122 GOLDEN BEACH DR.
CITY - ST - ZIP	GOLDEN BEACH, FL 33160

TITLE	PD
NAME	MELTZER, ARIEL P
STREET ADDRESS	122 GOLDEN BEACH DR.
CITY - ST - ZIP	GOLDEN BEACH, FL 33160

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ARIEL P. MELTZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/06 Daytime Phone # _____