2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000021928

1. Entity Name
A P G & ASSOCIATES CORP.

Principal Place of Business	Mailing Address
1900 CORAL WAY SUITE 303 MIAMI, FL 33145	PO BOX 450917 MIAMI, FL 33245

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
37-1555203	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ALBERTO P
1900 CORAL WAY
SUITE 303
MIAMI, FL 33145

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 _____

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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOMEZ, ALBERTO P
STREET ADDRESS	2361 SW 17 TERRACE
CITY-ST-ZIP	MIAMI, FL 33145

U000000796709
01/29/08-00044-017 150.00

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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: _____   01/23/08   305-877-2834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #