## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000047287

Entity Name: API USA, INC

FILED Feb 20, 2008 Secretary of State

Littly Name: AF103A, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2025 NW 1	102 AVE				
107 MIAMI, FL	33172				
,			New Mailing Address		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2025 NW 102 AVE 107					
MIAMI, FL	33172				
FEI Number:	65-1109208	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ZERBONE 2025 NW 1 107	102 AVE		MARINO, MARSI 2025 NW 102 AVE 107		
MIAMI, FL 33172 US			MIAMI, FL 33172 US		
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MARINO	MARSI		02/20/2008	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD ( MARSI, MARII 2025 NW 102 MIAMI, FL 33	AVE, #107	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	MAGNAGHI, V	AVE SUITE 107	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	MAGNAGHI, G	AVENUE, # 107	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D ( MARSI, ANDR	) Delete EA	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARINO MARSI P 02/20/2008

1000 QUAYSIDE TE APT 1511

MIAMI, FL 33138

Address:

City-St-Zip: