

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90049 009 \*\*\*150.00

<b>DOCUMENT # P01000054077</b>					
<b>1. Entity Name</b> APOLLO MANAGEMENT GROUP INC.					
<b>Principal Place of Business</b> 1000 PONCE DE LEON BOULEVARD SUITE 209 CORAL GABLES, FL 33134 US			<b>Mailing Address</b> 1000 PONCE DE LEON BOULEVARD SUITE 209 CORAL GABLES, FL 33134 US		
<b>2. Principal Place of Business</b> 1545 NE 123 ST.		<b>3. Mailing Address</b> 1545 NE 123 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> N MIAMI, FL		<b>City &amp; State</b> N MIAMI, FL		<b>4. FEI Number</b> 65-1122986	
<b>Zip</b> 33161		<b>Country</b> DAD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARWARESCH, BIJAN S ESQ. 407 LINCOLN ROAD SUITE 9D MIAMI BEACH, FL 33139			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> BARKER, ROY 5450 N.W. 104 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>20429 NE 10th Ct</b> <b>MIAMI FLA 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> GREEN, ED 5450 N.W. 104 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>20429 NE 10th Ct</b> <b>MIAMI FLA 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> PENN, MAARIA 5450 N.W. 104 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>20429 NE 10th COURT</b> <b>MIAMI FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/13/04</b> Daytime Phone #		