

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90216 027 \*\*\*150.00

**DOCUMENT # P01000106276**

1. Entity Name  
**A.P.I. FINANCIAL, INC.**



4

Principal Place of Business  
**5192 TENTH AVENUE N.  
SUITE "B"  
LAKE WORTH, FL 33463**

Mailing Address  
**5192 TENTH AVENUE N.  
SUITE "B"  
LAKE WORTH, FL 33463**



2. Principal Place of Business - No P.O. Box #  
**4400 N FEDERAL HWY**

3. Mailing Address  
**4400 N. FEDERAL HWY**

Suite, Apt. #, etc.  
**200-A**

Suite, Apt. #, etc.  
**200-A**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON FL**

Zip  
**33431**

Country  
**USA**

Zip  
**33431**

Country  
**USA**

04282008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1155344**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POONAI, ANIL**  
**5192 10TH AVE N, SUITE B**  
**GREENACRES, FL 33463**

7. Name and Address of New Registered Agent

Name  
**ANIL POONAI**

Street Address (P.O. Box Number is Not Acceptable)  
**4400 N. FEDERAL HWY**

Suite  
**200-A**

City  
**BOCA RATON FL**

Zip Code  
**33431**

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 *Anil Poonai* **ANIL POONAI** **4/28/08**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POONAI, ANIL</b> <b>5192 10TH AVE N SUITE B</b> <b>GREENACRES, FL 33463</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANIL POONAI</b> <b>4400 N. FEDERAL HWY, # 200-A</b> <b>BOCA RATON FL 33431</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anil Poonai* **ANIL POONAI** **4/28/08**

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