


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000033202	
1. Entity Name APEX PROPERTY INVESTMENTS, INC.	

Principal Place of Business 1911 S.W. 148TH WAY MIRAMAR, FL 33027	Mailing Address 1911 S.W. 148TH WAY MIRAMAR, FL 33027
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0869858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADDISON, RICHARD A
1911 S.W. 148TH WAY
MIRAMAR, FL 33027**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, RICHARD A 1911 S.W. 148TH WAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADDISON, LUCINDA A 1911 S.W. 148TH WAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, KAMILA E 8740 N. SHERMAN CIRCLE, #207 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000717521
04/30/07-80051-021-150.00

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:  **PREROBERT** 4/13/07 954 554-7068

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