

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000122341

1. Entity Name
APS REALTY MEDLEY, INC.



Principal Place of Business
5761 NW 37 AVENUE
MIAMI, FL 33142

Mailing Address
5761 NW 37 AVENUE
MIAMI, FL 33142

FILED
04 MAY -3 PM 12:37
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0805983

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

David Williams

President

4/29/04

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, 2004 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 D ☐ Delete
NAME SIGERMAN, MICHAEL
STREET ADDRESS 5761 NW 37 AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Change ☐ Addition
NAME 200035731002
STREET ADDRESS 05/07/04--01011--003
CITY-ST-ZIP **158.75

TITLE D ☐ Delete
NAME PLOSHNICK, GARY
STREET ADDRESS 5761 NW 37 AVENUE
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Change ☐ Addition
NAME *5/3/04*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARCE, LORENZO
STREET ADDRESS 10598 N.W. SOUTH RIVE DRIVE
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12 04

Date

305-635 3469

Daytime Phone #