


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90081 032 ***150.00

DOCUMENT # P02000131298	
1. Entity Name A. P. GROUP INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7951 SW 40TH STREET		3. Mailing Address 7951 SW 40TH STREET	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country US	Zip 33155	Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 16-1644102		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name OSVALDO J. DIAZ		
	Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40TH STREET, SUITE 206		
	City MIAMI	FL	Zip Code 33155

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 <i>[Signature]</i> January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	DATE _____ (NOTE: Registered Agent signature required when reinstating)
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD RIOS, ANDRES 15890 NW 7 AVENUE, MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> ANDRES RIOS	02-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034B (12/02)