

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

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90007 034 ***150.00

DOCUMENT # P03000010808
1. Entity Name

A.P.S. PROFESSIONAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

14023534

2. Principal Place of Business 7001 W 35th Ave. Suite, Apt. #, etc. 259 City & State Hialeah, FL Zip 33018		3. Mailing Address same as principal Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 41-2076998	Applied For Not Applicable
Country USA		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ABILIO PALOMO
Street Address (P.O. Box Number is Not Acceptable)
7001 W 35 Ave #259
City
Hialeah FL Zip Code
33018

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.

SIGNATURE *Abilio Palomo* *Abilio Palomo* *5/26/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T PALOMO, ABILIO 7001 W 35 Ave #259 Hialeah, FL. 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P/S PALOMO, IVONNE 7001 W 35 Ave #259 Hialeah, FL. 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abilio Palomo* *Abilio Palomo* *5/26/04* (798) 251 2552

Attachment 14023534

A.P.S. Professional Services, Inc.
7001 W. 35 Ave #259
Hialeah, FL 33018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P03000010808

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty in the amount of \$400.00 and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,


Abilio Palomo