



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90189 041 \*\*\*150.00

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<b>DOCUMENT # P03000029719</b>			
1. Entity Name <b>APCOR CONSULTING, INC.</b>			
Principal Place of Business <b>737 LAUREL STREET CLEWISTON, FL 33440</b>		Mailing Address <b>737 LAUREL STREET CLEWISTON, FL 33440</b>	
2. Principal Place of Business <b>789 S. Federal Hwy.</b> Suite, Apt. #, etc. <b>#301</b>		3. Mailing Address <b>789 S. Federal Hwy.</b> Suite, Apt. #, etc. <b>#301</b>	
City & State <b>Stuart FL</b>		City & State <b>Stuart FL</b>	
Zip <b>34994</b>	Country <b>USA</b>	Zip <b>34994</b>	Country <b>USA</b>
4. FEI Number <b>050558785</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PADRON, ARTURO M 737 LAUREL STREET CLEWISTON, FL 33440</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>789 S. Federal Hwy #301 Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>address only</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <b>4-26-04</b> Daytime Phone #: <b>772-288-2234</b>	

3002 LOW BLOCK1 CORP/STATION M