2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042657

1. Entity Name
APOLLO, INC.

40047554

Principal Place of Business	Mailing Address
5458A INTERNATIONAL DR. ORLANDO, FL 32819	5458A INTERNATIONAL DR. ORLANDO, FL 32819

2. Principal Place of Business
5472 INTERNATIONAL DR
Suite, Apt. #, etc.

3. Mailing Address
5472 INTERNATIONAL DR
Suite, Apt. #, etc.

04042005   Chg-P   CR2E034 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO, FL

Zip 32819   Country USA

Zip 32819   Country USA

4. FEI Number
47-0940459
☐ 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
GUIMARAES, SILTON 13215 CHATTANOOGA LANE ORLANDO, FL 32837	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 X _____
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, 2005 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	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUIMARES, SILTON		NAME	
STREET ADDRESS	13215 CHATTANOOGA LANE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUEDES, ARGEU O		NAME	
STREET ADDRESS	210 ROSELING CROSSING		STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEAL, DELIO C		NAME	
STREET ADDRESS	10-12 MAIN STREET		STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 06810		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #