

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000042657

Entity Name: APOLLO, INC.

**FILED**  
**Jun 11, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5472 INTERNATIONAL DR  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5472 INTERNATIONAL DR  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 47-0940459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAFETY BUSINESS LLC  
6220 S. ORANGE BLOSSOM TRAIL  
603  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: GUIMARAES, SILTON  
Address: 13215 CHATTANOOGA LANE  
City-St-Zip: ORLANDO, FL 32837

Title: PD (X) Delete  
Name: LEAL, DELIO C  
Address: 10-12 MAIN STREET  
City-St-Zip: DANBURY, CT 06810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GUIMARAES, SILTON  
Address: 13215 CHATTANOOGA LANE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILTON GUIMARAES

P

06/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date