

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-16-2004 90039 026 ***150.00

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1. Entity Name

A.P. CHEMICAL MANUFACTURERS, CORP.



Principal Place of Business
235 SALAMANCA AVENUE #1
CORAL GABLES FL 33134

Mailing Address
235 SALAMANCA AVENUE #1
CORAL GABLES FL 33134

66419641



MOORE CR2E034 (11/03)

2. Principal Place of Business
6760 N.W. 37 AVE.

3. Mailing Address
6760 N.W. 37 AVE..

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLA.

City & State
MIAMI, FLA.

4. FEI Number
41-2094998

Applied For
Not Applicable

Zip
33147

Country
MIAMI DADE

Zip
33147

Country
MIAMI DADE

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

PETRUZZO, ANTONIO
235 SALAMANCA AVENUE #1
CORAL GABLES FL 33134

Name NICOLAS GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
6760 NW 37 Avenue
City MIAMI FL Zip Code 33147

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

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30, 2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

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 PD
NAME PETRUZZO, ANTONIO ☒ Delete
STREET ADDRESS 235 SALAMANCA AVENUE #1
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD
NAME NICOLAS GOMEZ ☐ Change ☐ Addition
STREET ADDRESS 6760 NW 37 AVE.
CITY-ST-ZIP MIAMI FLORIDA 33147

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

305-696-1372

Date

Daytime Phone #