2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State
08-30-2004 90002 006 ***150.00

DOCUMENT # P03000083364

1. Entity Name
APQ CREW MANAGEMENT-USA INC.

Principal Place of Business	Mailing Address
2001 NE 183 ST. N. MIAMI BCH. FL 33179	2001 N.E. 183 ST. N. MIAMI BCH. FL 33179
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05192004 Chg-P CR2E034 (10/03)

4. FEI Number 43-2022243 ☐ 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
RUBIAS DANILO 2001 N.E. 183 ST. N. MIAMI BCH. FL 33179	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALEX QUILLOPE ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DANILO RUBIAS 2001 N.E. 183 ST. N. MIAMI BCH. FL. 33179 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D EVELYN RUBIAS 2001 N.E. 183 ST. N. MIAMI BCH. FL. 33179 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Danilo Rubias 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To,
Fla. Dept. of State

Attachment
S07064[illegible]

Re: Doc. # P03000083364
2004 - Annual Report

Dear Sir,

Enclosed check and annual Report- Form as per your instructions over the Phone.

I didn't receive renewal Form and not a Computer expert. or know too much about the Computer.

I am worried about my Company renewal

my friend got one the printed Form because I didn't receive renewal notice.

Please waive the late fee and bring the Corporation filing Current

Thank You kindly

Sincerely Yours

[signature]

DAVID [illegible]