2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097165

DE JESUS, JOANN

2150 SW 185TH AVE

MIRAMAR, FL 33029

Name: Address:

City-St-Zip:

Entity Name: APO'S RESTAURANT, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6301 NW 36TH STREET VIRGINIA GARDENS, FL 33166 **Current Mailing Address: New Mailing Address:** 6301 NW 36TH STREET VIRGINIA GARDENS, FL 33166 FEI Number: 20-0202218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, DELMY DE JESUS, JOANN 323 NAVARRE AVENUE 4524 SW 195TH WAY MIRAMAR, FL 33029 US CORAL GABLES, FL FL US 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: JOANN DE JESUS 02/07/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GARCIA, DELMY Name: Name: 323 NAVARRE AVENUE, APT 303 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition APO'S INVESTMENTS, I, NC. Name: Name: P O BOX 278200 Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ALVARRACIN, ALVARO Name: Name: 16255 NW 54TH AVENUE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOANN DE JESUS TS 02/07/2005