2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097165

Title:

Name: Address:

City-St-Zip:

FILED Jan 04, 2006 Secretary of State

Entity Name: APO'S RESTAURANT, INC. **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: DE JESUS, JOANN ALVARRACIN, ALVARO 4524 SW 195TH WAY 6355 NW 36 STREET MIRAMAR, FL 33029 SUITE 203 US MIAMI, FL 33166 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: ALVARO ALVARRACIN 01/04/2006 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: () Change () Addition () Delete APO'S INVESTMENTS, I, NC. Name: Name: P O BOX 278200 Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete **VPTS** ALVARRACIN, ALVARO Name: ALVARRACIN, ALVARO Name: 16255 NW 54TH AVENUE 16255 NW 54TH AVENUE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALVARO ALVARRACIN **VPTS** 01/04/2006

(X) Delete

DE JESUS, JOÁNN

2150 SW 185TH AVE

MIRAMAR, FL 33029

() Change () Addition