

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 043 ***150.00

DOCUMENT # 903000101622	
1. Entity Name Apex Predator	

DO NOT WRITE IN THIS SPACE

40118958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1317 SW 151 Ave	3. Mailing Address 1317 SW 151 Ave
Suite, Apt. #, etc. FT. LAUD FL	Suite, Apt. #, etc. FT. LAUD FL
City & State	City & State
Zip 33326	Zip 33326
County Broward	County Broward

4. FEI Number 81-0634272	Applied For No. Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

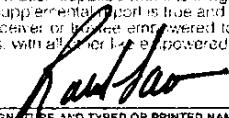
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Harold P. Kravitz	
Street Address (P.O. Box Number is Not Accepted) 7600 W. 70 AVE	
Suite 213	
City Hialeah	FL 33016

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, typed or printed name of registered agent or director		DATE _____ Date	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Laurenzo 1317 SW 151 Ave Sunrise, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Myrna Laurenzo 1317 SW 151 Ave Sunrise, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with authority to be empowered.	
SIGNATURE: 	5/1/07 9547702450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date

CR2ED34B (12/02)