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 # P03000101622

1. Entity Name
Apex Predator

DO NOT WRITE IN THIS SPACE

40118958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1317 SW 151 ave	1317 SW 151 ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Laud FL	Ft. Laud FL
City & State	City & State
Zip 33326 County Broward	Zip 33326 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 Acceptable) 7600 W. 20 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required on this line)

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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CR2E034B (12/02)

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 all other like empowered.

SIGNATURE: _____ 5/1/07 9547702450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #