

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

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90003 040 \*\*\*150.00

DOCUMENT # **P03000122829**

1. Entity Name

*A.P. ADVISORS, Inc.*

**DO NOT WRITE IN THIS SPACE**

**54073212**

2. Principal Place of Business  
**1865 Brickell Ave.**

3. Mailing Address  
**1865 Brickell Avenue**

Suite, Apt. #, etc.  
**Apt. A-1004**

Suite, Apt. #, etc.  
**Apt. A-1004**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

City & State  
**Miami**

4. FEI Number  
**30-0223764**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
**Frederick Woodbridge, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 Anastasia Ave.**

**Suite 310**

City  
**Coral Gables**

**FL**

Zip Code  
**33134**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DPST  
PENA, Anais  
1865 Brickell Ave., Apt. A-1004  
Miami, FL 33129**

TITLE  
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CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anais Pena*

**Anais PENA, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-15/04**

Date

**786-486-3875**

Daytime Phone #

CR2E034B (12/01)

Attachment

54073212

**ANAIS PEÑA**

1865 BRICKELL AVENUE, SUITE A-1004  
MIAMI, FLORIDA 33129-1637  
APADVISORSINC@YAHOO.COM

#B03000122829

September 13, 2004

Florida Department of State  
Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Re: A.P. Advisors, Inc.

Dear Sir or Madam:

As President of the above captioned Florida for profit corporation, I am writing to request most respectfully that the penalty for 2004 for late filing of the Uniform Business Report be waived. I was out of the country for a little more than six months and became aware of the May deadline when same had passed.

We are attaching a UBR and my attorney's check for the \$150.00 annual fee.

Many thanks for your kind attention.

  
Anais Peña