


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90019 003 \*\*\*150.00

**DOCUMENT # P03000147022**

1. Entity Name  
**AMERICAN PRESIDENTS INTERNATIONAL CORPORATION**



Principal Place of Business: **901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134**

Mailing Address: **901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134**

2. Principal Place of Business: **8208 NW 30th Terrace**

3. Mailing Address: **8208 NW 30th Terrace**


Suite, Apt. #, etc.

City & State: **Miami Florida**

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Zip: **33122** Country: **Dade**

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01222004 Chg-P CR2E034 (10/03)

4. FEI Number: **200470848**

Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQ.**  
**901 PONCE DE LEON BLVD., STE. 603**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name: **Alvaro Ortega**

Street Address (P.O. Box Number is Not Acceptable): **8208 NW 30th Terrace**

City: **Miami FL** Zip Code: **FL 33122**

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: **Jan 22, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> Delete |
| NAME           | PEREA, INMACULADA |                                 |
| STREET ADDRESS | 8208 NW 30 TERR.  |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33132   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | President            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ALVARO ORTEGA        |  |
| STREET ADDRESS | 8208 NW 30th Terrace |  |
| CITY-ST-ZIP    | Miami FL 33122       |  |
| TITLE          | Secretary            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ALVARO ORTEGA        |  |
| STREET ADDRESS | 8208 NW 30th Terrace |  |
| CITY-ST-ZIP    | Miami FL 33122       |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **1/22/04** Daytime Phone #: **305-592-4404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALVARO ORTEGA President**