

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039768

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: ATLANTIC & PACIFIC ASSOCIATION MANAGEMENT, INC.

**Current Principal Place of Business:**

622 BANYAN TRAIL, STE. 150  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1025 KANE CONCOURSE STE 215  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

1025 KANE CONCOURSE SUITE 215  
BAY HARBOR ISLANDS, FL 33154

FEI Number: 45-0536409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, HOWARD D  
1025 KANE CONCOURSE STE 215  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, HOWARD D  
Address: 1025 KANE CONCOURSE, SUITE 215  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VTS  
Name: COHEN, KENNETH J  
Address: 1025 KANE CONCOURSE, SUITE 215  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: V  
Name: HALPRYN, DAVID G  
Address: 1025 KANE CONCOURSE, SUITE 215  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: V  
Name: WEISBURD, RANDY K  
Address: 1025 KANE CONCOURSE SUITE 215  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

I hereby 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 all other like empowered.

SIGNATURE: KENNETH J. COHEN

TS

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date