2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # P04000070861** 03-29-2006 90119 047 ***150.00 1. Entity Name APSI, CO. Principal Place of Business Mailing Address 1461 NE 28 PALCE 1461 NE 28 PALCE FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-1184013 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NULIO C VENASE NYCE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1461 NE 28 PALCE FT LAUDERDALE, FL 33334 2953 W 80TH City HIALEAH out for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this sta the obligations of registered agent JULIO L VENAGE SIGNATURE. Signature, typed or printed nar 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. JULIO L VENAGE 2953 W 80TH 1 1/02 DS TITLE Delete NYCE, JOHN NAME NAME 1461 NE 28 PALCE STREET ADDRESS STREET ADDRESS HIALBAH FL 33018 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33334 JULIO C VENASE TITLE Delete Addition 2953 W 8057 HIOZ BACH, EDWARD NAME NAME STREET ADDRESS 1461 NE 28 PALCE STREET ADDRESS HIALEAH FL 33018 CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 pitter like empowered. SIGNATURE: _

FILED