


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**  
05-06-2005 90105 041 \*\*\*150.00

<b>DOCUMENT # P04000143072</b>					
1. Entity Name <b>APR MARKETING, INC.</b>					
Principal Place of Business <b>5851 HOLMBERG ROAD STE 2913 PARKLAND FL 33067 US</b>			Mailing Address <b>5851 HOLMBERG ROAD STE 2913 PARKLAND FL 33067 US</b>		
2. Principal Place of Business <b>5851 HOLMBERG RD</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. <b>#2913</b>			Suite, Apt. #, etc. <b>-</b>		
City & State <b>PARKLAND, FL</b>			City & State <b>-</b>		
Zip <b>33067</b>		Country <b>USA</b>		4. FEI Number <b>20-1755457</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROZENBERG, ARIE 5851 HOLMBERG ROAD STE 2913 PARKLAND FL 33067</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P ROZENBERG, ARIE 5851 HOLMBERG ROAD #2913 PARKLAND FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SEC ROZENBERG, PHYLLIS 5851 HOLMBERG ROAD #2913 PARKLAND FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>ARIE ROZENBERG</i></u>			Date: <u>Apr. 30/05</u> Daytime Phone #: <u>954-255-0522</u>		