2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164575

Title:

Name: Address:

City-St-Zip:

TREA

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PRINCIOTTA, STEPHEN

LAKE WORTH, FL 33467

7677 HOFFY CIRCLE

Entity Name: APPAREL PREPRODUCTION SOURCE INC

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7677 HOFFY CIRCLE LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7677 HOFFY CIR 7677 HOFFY CIRCLE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 FEI Number: 20-2031144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRINCIOTTA, STEPHEN PRINCIOTTA, STEPHEN 7677 HOFFY CIRCLE 7677 HOFFY CIR LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US 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: 01/17/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition PRINCIOTTA, STEPHEN Name: Name: 7677 HOFFY CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: PRINCIOTTA, STEPHEN Name: 7677 HOFFY CIRCLE Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition PRINCIOTTA, STEPHEN Name: Name: 7677 HOFFY CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN PRINCIOTTA PRES 01/17/2009

() Change () Addition