

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000169162 1. Entity Name APIA USA, CORP.	
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Principal Place of Business 7725 SW 86TH STREET #418 MIAMI, FL 33143	Mailing Address 7725 SW 86TH STREET #418 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2030635	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DREIKHA, ANTOUN
7725 SW 86TH STREET
#418
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

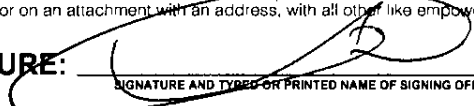
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000910963 05/07/08-80022-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREIKHA, ANTOUN 7725 SW 86TH STREET #418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRIKHA, IBRAHIM 7725 SW 86TH STREET #418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRIKHA, PIERRE 7725 SW 86TH STREET #418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREUER, MARIA 7725 SW 86TH STREET #418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRIKHA, FAEZ 7725 SW 86TH STREET #418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAJJAR, ABOUD 7725 SW 86TH STREET #418 MIAMI, FL 33143

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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 other like empowered.

SIGNATURE:  **ANTOUN DREIKHA** **03/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #