

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126008

FILED  
Feb 03, 2011  
Secretary of State

Entity Name: APRI CORP.

**Current Principal Place of Business:**

2121 PONCE DE LEON, STE. 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON, STE. 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3475240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON, STE. 1050  
CORAL GABLES, FL 33134 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: PSD  
Name: PRIETO, COSME ANTONIO  
Address: CRA. 7, NO. 76-35, OFC. 302  
City-St-Zip: BOGOTA, XX COLOMBIA XX

Title: VPD  
Name: ARIZA DE PRIETO, MARIA TERESA  
Address: CRA. 7, NO. 76-35, OFC.302  
City-St-Zip: BOGOTA, XX COLOMBIA XX

Title: TD  
Name: PRIETO ARIZA, CAMILO ANDRES  
Address: CRA. 7, NO. 76-35, OFC.302  
City-St-Zip: BOGOTA, XX COLOMBIA XX

Title: TD  
Name: PRIETO ARIZA, ANA MARIA  
Address: CRA. 7, NO. 76-35, OFC. 302  
City-St-Zip: BOGOTA, XX COLOMBIA XX

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: COSME ANTONIO PRIETO

PSD

02/03/2011

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

\_\_\_\_\_ Date