

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 042 ***150.00

DOCUMENT # P05000135713

1. Entity Name
APBS, INC.



Principal Place of Business
260 CRANDON BLVD STE 32
KEY BISCAYNE, FL 33149

Mailing Address
260 CRANDON BLVD STE 32
KEY BISCAYNE, FL 33149

40072933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3593052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, DIEGO
301 GULF ROAD
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name
BETANCOURT CARMEN

Street Address (P.O. Box Number is Not Acceptable)

301 GULF RD.

City
KEY BISCAYNE

FL

Zip Code
33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

CARMEN BETANCOURT
REGISTERED

02/08/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BETANCOURT, DIEGO
301 GULF ROAD
KEY BISCAYNE, FL 33149 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BETANCOURT, CARMEN
301 GULF ROAD
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN BETANCOURT
PRESIDENT

02/08/06 (305) 490-9220

Date

Daytime Phone #