

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90401 017 \*\*\*150.00

DOCUMENT # P05000143646

1. Entity Name

APS Limited Inc



**DO NOT WRITE IN THIS SPACE**

✓ 66015893

2. Principal Place of Business

6387 Via Rosa

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Boca Raton FL

City & State

4. FEI Number

Applied For

✓ Not Applicable

Zip

33433

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ashley Sosner

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

6387 Via Rosa

City

Boca Raton

FL

Zip Code

33433

**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

[Signature]

Ashley Sosner

4/10/06

January 1 - May 1 Fee is \$150.00 \*

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

(Pres) Ashley Sosner

NAME

STREET ADDRESS

6387 Via Rosa

CITY - ST - ZIP

Boca Raton FL 33433

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

Daytime Phone #

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 on an attachment with an address, with all other like empowered.