


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 06, 2006 8:00 am  
Secretary of State

09-06-2006 90033 021 \*\*\*163.75

DOCUMENT # P06000000296					
1. Entity Name AFFORDABLE PRIME LAND FOR INVESTORS, INC.					
Principal Place of Business 1300-B SOUTH US1 BUNNELL, FL 32110			Mailing Address 1300-B SOUTH US1 BUNNELL, FL 32110		
2. Principal Place of Business 11633 NW 7 AVE Suite, Apt. #, etc.		3. Mailing Address 11633 NW 7 AVE Suite, Apt. #, etc.		60038580	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number APPLIED FOR	
Zip 33168		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTOINE, YOLETTE 11633 NW 7 AVE. MIAMI, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>[Signature]</i> MGR-Yolette Antoine DATE: 07/31/06					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORISMA, MATTHEW 1300-B SOUTH US1 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORISMA, DANIEL 1300-B SOUTH US1 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANTOINE, YOLETTE 1300-B SOUTH US1 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOINE, YOLETTE 11633 NW 7 AVE MIAMI, FLORIDA 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTOINE, JEANNETTE 1300-B SOUTH US1 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTOINE, JEANNETTE 11633 NW 7 AVE MIAMI, FLORIDA 33168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLMON, HUGHES 11633 NW 7 AVE MIAMI, FLORIDA 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>[Signature]</i> MGR-Yolette Antoine DATE: 07/31/06 DAYTIME PHONE: 7864869172					