2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005067

Entity Name: APRIL FLORIA, P.A.

FILED May 05, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|---|---|--|--|
| 2825 N. UNIVERSITY DRIVE | | | | | |
| 225 CORAL SF | PRINGS, FL | 33065 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | 29 COURT E, FL 33063 | | | | |
| FEI Number: | : 20-4071789 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | APRIL R 29 COURT E, FL 33063 | US | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | I office or registered agent, or both, | |
| SIGNATU | | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 93(2)(b), F.S., the corporation did nong Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (FLORIA, APRI 6985 NW 29 (MARGATE, FL | COURT | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: APRIL R FLORIA RA 05/05/2007