

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026907

FILED
Mar 11, 2009
Secretary of State

Entity Name: APEX BUILDER CONTRACTOR, CO

Current Principal Place of Business:

105 NW ROCKBRIDGE CT
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

5835 NW BEGONIA AVE
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

105 NW ROCKBRIDGE CT
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

5835 NW BEGONIA AVE
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-8542397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULART, GIOVANNI
105 NW ROCKBRIDGE CT
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

GOULART, GIOVANNI
5835 NW BEGONIA AVE
PORT SAINT LUCIE, FL 34986 US

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:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULART, GIOVANNI
Address: 105 NW ROCKBRIDGE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VPDT () Delete
Name: GOULART, JEAN
Address: 142 NW WILLOW GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOULART, GIOVANNI
Address: 5835 NW BEGONIA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VPDT (X) Change () Addition
Name: GOULART, JEAN
Address: 1597 NEPTUNE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: GIOVANNI GOULART

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03/11/2009

Electronic Signature of Signing Officer or Director

Date