
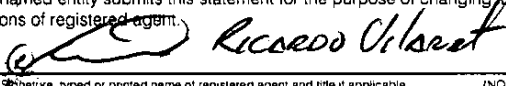
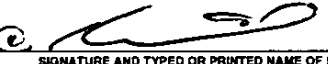


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90022 022 \*\*\*150.00

<b>DOCUMENT # P07000060504</b> 1. Entity Name <b>AP IRONWORKS &amp; FENCE DESIGNS INC.</b>					
Principal Place of Business <b>2281 SW 136TH CT. MIAMI, FL 33175</b>			Mailing Address <b>2281 SW 136TH CT. MIAMI, FL 33175</b>		
2. Principal Place of Business - No P.O. Box # <b>14825 SW 137 St</b>		3. Mailing Address <b>14825 SW 137 St</b>			
Suite, Apt. #, etc. <b>Unit #1</b>		Suite, Apt. #, etc. <b>Unit #1</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>26-0229007</b>	
Zip <b>33196</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PICO, ALAIN 8210 SW 29TH ST. MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>Ricardo Vilaret</b> Street Address (P.O. Box Number is Not Acceptable) <b>14825 SW 137 St, Unit #1</b> City <b>MIAMI FL</b> Zip Code <b>33196</b>		
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:  <b>Ricardo Vilaret</b> <span style="float: right;">06/23/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PICO, ALAIN 8210 SW 29TH ST. MIAMI, FL 33155</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Vilaret, Ricardo 14825 SW 137 St, Unit #1 MIAMI, FL 33196</b> <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	<input 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	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			06/23/2008 786 343 9231 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					