# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2012**
**Secretary of State**

DOCUMENT# P11000007950

**Entity Name:** A P TECHNOLOGIST SERVICES, INC.

**Current Principal Place of Business:**

9353 FONTAINEBLEAU BLVD APT A209
MIAMI, FL 33172

**New Principal Place of Business:**

9353 FONTAINEBLEAU BLVD
APT A209
MIAMI, FL 33172

**Current Mailing Address:**

9353 FONTAINEBLEAU BLVD APT A209
MIAMI, FL 33172

**New Mailing Address:**

9353 FONTAINEBLEAU BLVD
APT A209
MIAMI, FL 33172

**FEI Number: 27-4676467** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENA, AMPARO
9353 FONTAINEBLEAU BLVD APT A209
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DPST
Name: PENA, AMPARO
Address: 9353 FONTAINEBLEAU BLVD APT A209
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: AMPARO PENA DPST 03/03/2012

Electronic Signature of Signing Officer or Director Date