


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36415</b> 1. Entity Name APM FINANCIAL CORP.	
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Principal Place of Business C/O ATLAS PAPER MILLS ATTN RP BASTANZURI 3725 E 10TH CT HIALEAH, FL 33013	Mailing Address C/O ATLAS PAPER MILLS ATTN RP BASTANZURI 3725 E 10TH CT HIALEAH, FL 33013
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0295896	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ANANIA, FRANCIS A ESQUIRE  
ANANIA BANDKLAYDER&BLACKWELL PA  
STE 3300 100 SE 2ND ST  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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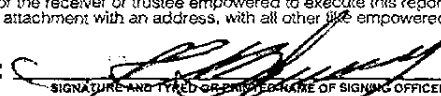
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASTANZURI, REMBERTO 3725 E 10TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MARTINEZ, HENRY 3725 E 10TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MASTRAPA, RUBEN 3725 E 10TH CT HIALEAH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **Remberto Bastanzuri**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **7-7-04 305-835-1046**  
Date Daytime Phone #