

ANNUAL REPORT (AR)**DOCUMENT # P93000038116**

1. Entity Name

AMERICAN POWER EXCHANGE, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State



Principal Place of Business
 4611 S UNIVERSITY DRIVE
 SUITE 170
 FORT LAUDERDALE FL 33328
 US

Mailing Address
 4611 S UNIVERSITY DRIVE
 SUITE 170
 FORT LAUDERDALE FL 33328
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMBO, RICHARD
 1334 SE MACARTHUR BOULEVARD
 STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSD
ZAMBO, RICHARD A
4611 S. UNIVERSITY DRIVE, #170
DAVIE FL 33328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

U00000656366
03/14/07-80047-010 150.00

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TD
BEDLEY, MICHAEL
4611 S UNIVERSITY DRIVE S170
DAVIE FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Michael D. Bedley (Michael D. Bedley) 3/1/07 954/915/8902