

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007423

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** APEX MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

378 SW 12TH AVE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

2000 GLADES RD  
SUITE 210  
BOCA RATON, FL 33431

**Current Mailing Address:**

P.O. BOX 4595  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

2000 GLADES RD  
SUITE 210  
BOCA RATON, FL 33431

**FEI Number:** 65-0493928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, MITCHELL  
378 SW 12 AVENUE  
DEERFIELD BEACH, FL 33442 US

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

COHEN, MITCHELL  
2000 GLADES RD  
SUITE 210  
BOCA RATON, FL 33431 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/09/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, MALCOLM  
Address: 2000 GLADES RD SUITE 210  
City-St-Zip: BOCA RATON, FL 33431

Title: S  
Name: COHEN, MITCHELL  
Address: 2000 GLADES RD SUITE 210  
City-St-Zip: BOCA RATON, FL 33431

Title: V  
Name: COHEN, ANDREW  
Address: 378 SW 12 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: MALCOLM COHEN

Electronic Signature of Signing Officer or Director

PD

01/09/2012

Date