

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90063 015 \*\*\*150.00

**DOCUMENT # P94000009157**

1. Entity Name  
API MACHINERY & MOLD TOOLING CONSULTING, INC.



Principal Place of Business

905 WEST 19TH STREET  
HIALEAH, FL 33015

Mailing Address

905 WEST 19TH STREET  
HIALEAH, FL 33015



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0463004

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WEIL, MURRAY B JR  
1666 79TH STREET CAUSEWAY  
SUITE 608  
MIAMI BEACH, FL 33141

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KOLKER, ABRAHAM
STREET ADDRESS	905 WEST 19TH STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	STD
NAME	KOLKER, ELENA
STREET ADDRESS	905 WEST 19TH STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	WEIL, MURRAY B JR
STREET ADDRESS	1666 79TH STREET CAUSEWAY, SUITE 608
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 3058856266