

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

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

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

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

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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, 2006 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 8925 COLLINS AVE # 74
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/06/06-80027-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *E. C. Kolker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06