


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**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
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0463004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</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	PD KOLKER, ABRAHAM 905 WEST 19TH STREET HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOLKER, ELENA 905 WEST 19TH STREET HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIL, MURRAY B JR 8925 COLLINS AVE # 74 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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U00000688953  
04/11/07-80014-016 150.00

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: *Elena Kolker* *4/1/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #