## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P96000070247

APEX INVESTMENT GROUP, INC.



**FILED** Mar 02, 2007 08:00 A **Secretary of State** 

Principal Place of Business

7931 2ND STREET NORTH

ST. PETERSBURG, FL 33702

Mailing Address

7931 2ND STREET NORTH

ST. PETERSBURG, FL 33702



		IN TH	

02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3398166 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, SR., ALBERT J 7931 2ND STREET NORTH

ST PETERSBURG FL 33702

DO NOT WRIT	ᆮ
<ul> <li>Lodder of the lot of the absence of a country of a</li> </ul>	
in a markatakan kalan dari dan dari yang dagan bahan markan ing markan kalan dari dari dari dari dari dari dari	AGE CO.
	·
· INIOTINIOSOPAOI	_
IN THIS SPACE	-

						u Waar e
8. The above the obtigat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida, I am far	niliar with, and accept
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FERRARO, SR., ALBERT J 7931 2ND STREET NORTH #A ST. PETERSBURG, FL 33702					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1000000653219 03/13/07-80019÷0	08 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN :	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 aggress, yith all other like empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

Davime Phone #