2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000072947** 05-02-2005 90462 010 ***150 00 APEX DEVELOPMENT CORP. Mailing Address Principal Place of Business 6300 NE 1ST AVE, 3RD FLR 6300 NE 1ST AVE , 3RD FLR FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0791643 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert L. Sader, ROSCHMAN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 6300 NE 1ST AVE, 3RD FLOOR FORT LAUDERDALE, FL 33334 1901 W. Cypress Creek Road # 415 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia 8. The above named entity submits this the obligations of Robert. L. Sader 4-26-05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DT TITLE Defete ☐ Change ☐ Addition NAME ROSCHMAN, JEFFREY NAME 6300 NE 1ST AVE, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP DSV TITLE Delete Change ☐ Addition ROSCHMAN, ROBERT NAME NAME STREET ADDRESS 6300 NE 1ST AVE ., 3RD FLOOR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE Delete Change ☐ Addition WEEKS, WESLEY NAME NAME 6300 NE 1ST AVE ,. 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY ST-7IP ☐ Detete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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

FILED

4-26-05