

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 020 ***150.00

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1. Entity Name
APEX DEVELOPMENT CORP.



Principal Place of Business
**6300 NE 1ST AVE, 3RD FLR
FORT LAUDERDALE, FL 33334**

Mailing Address
**6300 NE 1ST AVE, 3RD FLR
FORT LAUDERDALE, FL 33334**

40080907



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SADER, ROBERT L ESQ
1901 W CYPRESS CREEK ROAD, #415
FORT LAUDERDALE, FL 33309**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	ROSCHMAN, JEFFREY
STREET ADDRESS	6300 NE 1ST AVE, 3RD FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	DSV
NAME	ROSCHMAN, ROBERT
STREET ADDRESS	6300 NE 1ST AVE, 3RD FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	P
NAME	WEEKS, WESLEY
STREET ADDRESS	6300 NE 1ST AVE, 3RD FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
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 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 registered agent 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

ROBERT ROSCHMAN

Date

Daytime Phone #