

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000081929

1. Entity Name
APA WIRELESS TECHNOLOGIES, INC.



FILED

04 MAR -9 AM 7:44

SIGNATURE
TALLER
STATE
OFFICE

Principal Place of Business
~~4050 NE 5 AVE~~
FORT LAUDERDALE, FL 33334

Mailing Address
~~4007 NE 6 AVE~~
FORT LAUDERDALE, FL 33334



2. Principal Place of Business
4066 NE 5 AVE
Suite, Apt. #, etc.

3. Mailing Address
4066 NE 5 AVE
Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0787089

Applied For
Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GODDARD, ANDREW S
~~4007 NE 6 AVE~~
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4066 NE 5 AVE

City **FL** Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GODDARD, ANDREW S	
STREET ADDRESS	4066 NE 5TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, RANDALL S	
STREET ADDRESS	16133 CARDEN DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZ, WILLIAM W	
STREET ADDRESS	8902 JASPER DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENTON, ELIOT D	
STREET ADDRESS	1056 SW 180TH TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 954-396-9999

Date

Daytime Phone #