

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90229 038 ***150.00

DOCUMENT # P97000081929

1. Entity Name
APA WIRELESS TECHNOLOGIES, INC.



Principal Place of Business
**4066 NE 5 AVE
FORT LAUDERDALE, FL 33334**

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

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0787089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GODDARD, ANDREW S
4066 NE 5 AVE
FORT LAUDERDALE, FL 33334**

**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, 2006 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**
NAME **GODDARD, ANDREW S**
STREET ADDRESS **4066 NE 5TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **D**
NAME **DIETZ, RANDALL S**
STREET ADDRESS **16133 CARDEN DRIVE**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **D**
NAME **DIETZ, WILLIAM W**
STREET ADDRESS **8902 JASPER DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D**
NAME **FENTON, ELIOT D**
STREET ADDRESS **1056 SW 180TH TERR**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date _____ Daytime Phone # _____