


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90160 023 \*\*\*150.00

**DOCUMENT # P98000069080**

1. Entity Name  
**AMERICAN PROGRAMMING SYSTEMS CORPORATION**



Principal Place of Business  
**5213 NW 74TH AVE  
 MIAMI, FL 33166**

Mailing Address  
**251 GALEN DRIVE #204  
 KEY BISCAZYNE, FL 33149**

**14003078**



2. Principal Place of Business  
**251 Galen Drive**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**# 204**

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State  
**Key Biscayne, FL**

City & State

Zip  
**33149**

Country  
**US**

Zip Country

4. FEI Number  
**65-0874901**

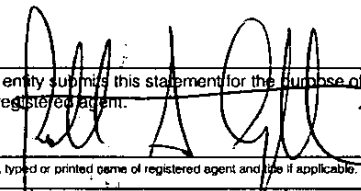
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**QUEVEDO, RODRIGO  
 5213 NW 74TH AVE  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name **Rodrigo Quevedo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**251 GALEN DRIVE # 204**  
 City **Key Biscayne FL** Zip Code **33149**

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  DATE \_\_\_\_\_

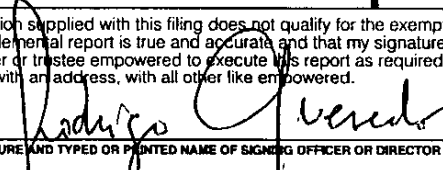
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUEVEDO, RODRIGO</b> <b>5213 NW 74TH AVE</b> <b>MIAMI, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Quevedo, Rodrigo</b> <b>251 Galen Drive # 204</b> <b>Key Biscayne FL 33149</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **04/26/05** (305) 592-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #