


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 019 \*\*\*150.00

DOCUMENT # P98000069080			
1. Entity Name AMERICAN PROGRAMMING SYSTEMS CORPORATION			
Principal Place of Business 251 GALEN DR #204 201 Galeo Dr # 102 W KEY BISCAVNE, FL 33149		Mailing Address 251 GALEN DRIVE #204 KEY BISCAVNE, FL 33149 201 Galeo Dr # 102 W <b>40097432</b>	
2. Principal Place of Business 201 Galeo Dr Suite, Apt. #, etc. # 102 W		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Key Biscayne FL		City & State	
Zip 33149		Country USA	
4. FEI Number 65-0874901		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEVEDO, RODRIGO 251 GALEN DR #204 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D QUEVEDO, RODRIGO 251 GALEN DR #204 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quevedo Rodrigo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Galeo Drive # 102-W Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.			
SIGNATURE: _____		Date: 6/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 40097432

#P98000669080

Division of Corporations



Annual Report

Annual Report Help

Document Number

P98000669080

Business Entity Name

AMERICAN PROGRAMMING SYSTEMS CORPORATION

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 650874901
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 201 GALEN DR
Suite, Apt. #, etc. #102-W
City, State KEY BISCAYNE FL
Zip Code & Country 33149

Mailing Address

Address 201 GALEN DRIVE
Suite, Apt. #, etc. # 102-W
City, State KEY BISCAYNE FL
Zip Code & Country 33149

Name and Address of Registered Agent

Name (Last, First, Middle, Title) QUEVEDO, RODRIGO

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 201 GALEN DR
Suite, Apt. #, etc. #204
City, State KEY BISCAYNE FL
Zip Code & Country

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33149 US # 198000069080

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

*Rodrigo Quevedo*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) QUEVEDO , RODRIGO , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 201 GALEN DR #102-W  
City, State KEY BISCAWAYNE , FL  
Zip Code & Country 33149

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director.

Street Address  
City, State ,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State ,

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~~# 998000069080~~

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

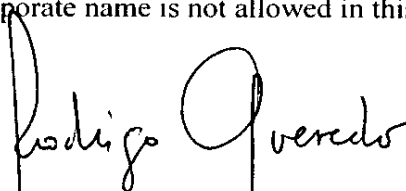
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

D 

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

ATTACHMENT



40097432

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2006

AMERICAN PROGRAMMING SYSTEMS CORPORATION  
201 GALEN DRIVE #102 W  
KEY BISCAWAYNE, FL 33149

SUBJECT: AMERICAN PROGRAMMING SYSTEMS CORPORATION  
Ref. Number: P98000069080

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER  
OPS

Letter Number: 706A00037376

Dear Ms. Carter  
We have completed the annual report and resubmitted before the 30 Days Required by your Divisions of Corporations

Sincerely,  
Rodrigo Quevedo  
Director