## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000104105  1. Entity Name APS REALTY 35, INC.						FILED 07 MAR 27 PM 1:46 TALLAHAGSEE, FLORIDA				
Principal Plac	e of Business	s			TAL	1 344 25	DF 5.	ATE		
5761 N.W. 37TH AVENUE MIAMI, FL 33142			5761 N.W. 37TH AVENUE MIAMI, FL 33142			(#R)  P9			E4 E2:E1 E2:	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222007	Chg-P	CR2E034 (	(12/06)	
City & State			City & State		4. FEI Numb 65-096			Not	olied For Applicable	
Zip	Country		Zip Coun		ntry		of Status Desired	Fee	.75 Addi Required	
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name						
DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145					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.   am familiar with, and accept the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Again signature required										
Signature, typed or printed name of registored agent and title if applicable (NOTE: Registated Agent eignature required when re-instating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9. Election Campaign Financing Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIF	RECTORS	IN 11
TITLE	D Delete TITE				E				Change	☐ Addition
NAME	SIGERMAN, MICHAEL 5761 N.W. 37TH AVENUE				- 1					j
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	= '		STREET CITY-S						
TΠLE	D Delete IIIL				E	w			Change	☐ Addition
NAME	PLOSHNICK, GARY				Œ			_		
STREET ADDRESS CITY-ST-ZIP	5761 N.W MIAMI, FL	/. 37TH AVENUE L 33142		EET ADDRESS /-ST-ZIP	3 03/2	00095 8/0701038	1667 3023	≃ ⊃ **158	.75	
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 1-ST-ZIP					
TITLE		101-	☐ Delete	TITL	l l				Change	Addition
NAME CTREET ADDRESS	1 10/11/1/			NAME Street address						
STREET ADDRESS CITY-ST-ZIP		<u> </u>	r-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 explute 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 DUIS DUIS DUIS DUIS DUIS DUIS DUIS DUIS										2000

MICHAEL SIGERMAN, DIRECTOR