2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S17568

Entity Name
ADVERTISING PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
4474 WESTON RD #223	4474 WESTON RD #223
DAVIE, FL 33331 US	DAVIE, FL 33331 US

01122006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0231309	Not Applicable

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

6. Name and Address of Current Registered Agent

ROZEN, IRA
9130 SOUTH DADELAND BOULEVARD
SUITE 1129
MIAMI, FL 33156

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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	U00000397303 01/30/06-80041-018 150.00

OFFICERS AND DIRECTORS

TITLE	P	
NAME	MAGNES, SANDOR H	
STREET ADDRESS	4474 WESTON RD 223	
CITY-ST-ZIP	DAVIE, FL 33331	

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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: _____   1-16-06   954 349 3433

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