

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90049 016 \*\*\*150.00

**DOCUMENT # V51599**

1. Entity Name

APPLE PRINTING & ADVERTISING SPECIALTIES,  
INC.



Principal Place of Business

5055 NW 10TH TERR.  
FT LAUDERDALE FL 33309  
US

Mailing Address

5055 NW 10TH TERR  
FT LAUDERDALE FL 33309  
US

**50012536**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0346503**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONATO, ALBERT  
5055 NW 10TH TERR  
#105  
FT LAUDERDALE FL 33309

Name

*Donato Sean*

Street Address (P.O. Box Number is Not Acceptable)

*5055 NW 10th Terr*

*#105*

City

*Ft Lauderdale*

FL

Zip Code

*33309*

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]* *Kevin Donato*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/24/05*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PDC ☒ Delete  
NAME DONATO, ALBERT  
STREET ADDRESS 3540 COCO LAKE DR  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE PDC ☒ Change ☐ Addition  
NAME *Donato, Sean*  
STREET ADDRESS *4466 NW 863 Dr.*  
CITY-ST-ZIP *Coconut Creek FL 33007*

TITLE VD ☐ Delete  
NAME DONATO, SEAN M  
STREET ADDRESS 4466 NW 63 DR  
CITY-ST-ZIP COCONUT CREEK FL 33007

TITLE VD ☒ Change ☐ Addition  
NAME *Donato, Kevin*  
STREET ADDRESS *6846 NW 32nd ST*  
CITY-ST-ZIP *Margate FL 33063*

TITLE TSD ☐ Delete  
NAME KEVIN, DONATO  
STREET ADDRESS 6846 NW 32 ST  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

*[Signature]* *Kevin Donato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/05 954-776-5691*

Date Daytime Phone #