

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084559

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** ADVANCED ASSET PROTECTION INSTITUTE, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
STE 320  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
STE 320  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0703904      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONLEVY-ROSEN, PATRICIA  
2121 PONCE DE LEON BLVD.  
STE 320  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DONLEVY-ROSEN, PATRICIA  
Address: 2121 PONCE DE LEON BLVD STE 320  
City-St-Zip: MIAMI, FL 33134 US

Title: STD  
Name: ROSEN, HOWARD D  
Address: 2121 PONCE DE LEON BLVD STE 320  
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD ROSEN

TR

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date