| 208 HALLANDALE | BEACH, FL 33009-2901 | | | |
|--|--|-----------------|------------------------------|------------|
| Current Mai | ling Address: | | | |
| 531 LESLIE HALLANDAI | DRIVE LE BEACH, FL 33009 US | | | |
| FEI Number: 65-0613356 | | | Certificate of Status Desire | ed: No |
| Name and A | Address of Current Registered Agent: | | | |
| 208 | IS INC. NDALE BEACH BLVD BEACH, FL 33009-2901 US | | | |
| 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: MAURICE TZORFATI | | | | 02/06/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | D | Title | D | |
| Name | TZORFATI, MAURICE | Name | TZORFATI, MAURICE | |
| Address | 2100 E. HALLANDALE BEACH BLVD SUITE 208 | Address | 531 LESLIE DR SUITE 208 | |
| City-State-Zin | FL - HALLANDALE BEACH FL 33009 | City-State-Zip: | HALLANDALE BEACH FL 33009 | |

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071072

Entity Name: APEX SYSTEMS, INC.

Current Principal Place of Business:

2100 E. HALLANDALE BEACH BLVD

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: MAURICE TZORFATI

Title

Name Address

City-State-Zip:

CEO

SARFATI, ROY A

HALLANDALE BEACH FL 33009

531 LESLIE DR SUITE 208

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 06, 2023 **Secretary of State** 2271800446CC