

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002016

Entity Name: AMERICAN PORTFOLIOS FINANCIAL SERVICES, INC.**Current Principal Place of Business:**4250 VETERANS MEMORIAL HWY
SUITE 420 EAST
HOLBROOK, NY 11741**Current Mailing Address:**4250 VETERANS MEMORIAL HWY
SUITE 420 EAST
HOLBROOK, NY 11741**FEI Number:** 11-3018002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIFFORD, WILLIAM
603 JEFFERSON AVENUE
SARASOTA, FL 34237 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	DOLBER, LON T
Address	4250 VETERANS MEMORIAL HWY, STE 420E
City-State-Zip:	HOLBROOK NY 11741
Title	TREASURER
Name	JOYNER, DAMON
Address	4250 VETERANS MEMORIAL HWY, STE 420E
City-State-Zip:	HOLBROOK NY 11741

Title	PRES
Name	O'GRADY, TIM
Address	4250 VETERANS MEMORIAL HWY SUITE 420 EAST
City-State-Zip:	HOLBROOK NY 11741
Title	SECY
Name	GRAPPONE, MELISSA
Address	4250 VETERANS MEMORIAL HWY, STE 420E
City-State-Zip:	HOLBROOK NY 11741

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: MELISSA GRAPPONE**SECRETARY****02/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date