

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2005  
Secretary of State**

DOCUMENT# N94000000285

Entity Name: AMERICAN POSTAL OWNERS, INC.

**Current Principal Place of Business:**

12734 NW 18TH COURT  
CORAL SPRINGS, FL 330715408

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771090  
CORAL SPRINGS, FL 330771090

**New Mailing Address:**

FEI Number: 65-0464093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BAKALAR, MARVIN  
12734 NW 18TH COURT  
CORAL SPGS, FL 33071      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      ( ) Delete  
Name: BAKALAR, MARVIN  
Address: 12734 NW 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DV      ( ) Delete  
Name: BAKALAR, BIANCA  
Address: 12734 NW 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DS      ( ) Delete  
Name: BAKALAR, JEREMY  
Address: 12734 NW 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN BAKALAR

PD

01/19/2005

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

\_\_\_\_\_  
Date