

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 027 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 429637			
1. Entity Name ACME PROCESSORS, INC.			
Principal Place of Business P.O. BOX 4128 HIALEAH, FL 33014		Mailing Address P.O. BOX 4128 HIALEAH, FL 33014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-1463890		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04162007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MALONE, HARRY 9950 NW 116TH WAY MEDLEY, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	
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. This certifies with, and accepts, the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature and typed name of each officer or director must be provided. (NOTE: Excluded Agent not included when applicable.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 (11.1)	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PO MALONE, HARRY 9950 NW 116TH WAY MEDLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD MALONE, TERENCE 9950 NW 116TH WAY MEDLEY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 this corporation or the person or persons authorized to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like documents.			
SIGNATURE <i>Terence Malone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-17-07	

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