

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046593

FILED
Apr 25, 2008
Secretary of State

Entity Name: ACME TRUST, INC.

Current Principal Place of Business:

1650 SW 5 ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1650 SW 5 ST
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-1101927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEURTADO, JAMES D
5200 SW 8 ST, SUITE 115
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEZANILLA, RAFAEL
Address: 843 SW 12 AVE
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: BEZANILLA, RAFAEL
Address: 2027 SW 58 AVE
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: BEZANILLA, ESTE
Address: 5800 SW 20 AVE
City-St-Zip: MIAMI, FL 33155

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 exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAFAEL BEZANILLA

PD

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date