

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jan 29, 2004 8:00 am
Secretary of State**

01-29-2004 90101 024 ***150.00

DOCUMENT # P02000014839
1. Entity Name AC1 SUPPLY, INC

94006913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9980 NW 79TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 9980 NW 79TH AVENUE Suite, Apt. #, etc.
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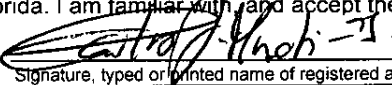
City & State HIALEAH GARDENS, FL	City & State HIALEAH GARDENS	4. FEI Number 01-0669057	Applied For Not Applicable
Zip 33016	Country US	Zip 33016	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CARLOS MORATINOS	
Street Address (P.O. Box Number is Not Acceptable) 9980 NW 79TH AVENUE	
City HIALEAH GARDENS	Zip Code 33016

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE  **CARLOS MORATINOS PRESIDENT** **1/14/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT AND SECRETARY	NAME CARLOS J MORATINOS
STREET ADDRESS 9980 NW 79TH AVENUE	CITY-ST-ZIP HIALEAH GARDENS FL 33016
TITLE VICE PRESIDENT	NAME CARLOS E MORATINOS
STREET ADDRESS BARQUISIMATO	CITY-ST-ZIP VENEZUELA, SA
TITLE TREASURE	NAME CARLOS A MORATINOS
STREET ADDRESS BARQUISIMATO	CITY-ST-ZIP VENEZUELA SA
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARLOS J MORATINOS PRESIDENT** **1/15/2003** **(305) 556-6251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #