


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

DOCUMENT # **P02000129330**
 1. Entity Name
ACA Group, Inc. ✓ 

DO NOT WRITE IN THIS SPACE

90020532

2. Principal Place of Business
10024 Winding Lake Rd.
 Suite, Apt. #, etc. **Ste. 104**
 City & State **Sunrise, FL**
 Zip **33351** Country **USA**

3. Mailing Address
10024 Winding Lake Rd.
 Suite, Apt. #, etc. **Ste. 104**
 City & State **Sunrise, FL**
 Zip **33351** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **William Gerstein**
 Street Address (P.O. Box Number is Not Acceptable)
700 South Federal Hwy
Ste. 200
 City **Boca Raton** FL Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

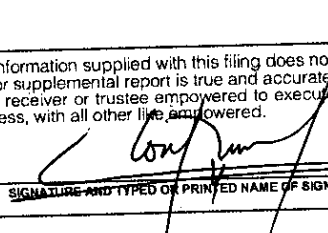
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Carlos Contreras 10024 Winding Lake Rd, Ste. 104 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Patricio Contreras 10024 Winding Lake Rd, Ste. 104 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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 live and powered.

SIGNATURE:  **carlos Contreras, President** Date **1-28-2003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)