

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000047881  
 1. Entity Name  
 A.C. MARKETING CORPORATION, INC.



Principal Place of Business      Mailing Address  
 11746 S.W. 133RD PLACE      11746 S.W. 133RD PLACE  
 MIAMI, FL 33186                  MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number 71-0945778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ACEVEDO, ENRIQUE  
 11746 S.W. 133RD PLACE  
 MIAMI, FL 33186

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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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACEVEDO, ENRIQUE
STREET ADDRESS	11746 S.W. 133RD PLACE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	V
NAME	ACEVEDO, MARIA I
STREET ADDRESS	11746 S.W. 133RD PLACE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	V
NAME	ACEVEDO, JUAN R
STREET ADDRESS	11746 S.W. 133RD PLACE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	TD
NAME	ACEVEDO, FERNANDO
STREET ADDRESS	11746 S.W. 133RD PLACE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	SD
NAME	ACEVEDO, FEDERICO
STREET ADDRESS	11746 S.W. 133RD PLACE
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 01/12/06-80029-008 150.00

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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Enrique Acevedo      1/9/06      (305) 752 9122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #