

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009058

FILED
Feb 20, 2008
Secretary of State

Entity Name: ACOSI INSTALLS, INC.

Current Principal Place of Business:

16205 NW 9TH DR
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16205 NW 9TH DR
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 02-0714612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD () Delete
Name: MALLWITZ, THOMAS F
Address: 16205 NW 9TH DR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MALLWITZ, THOMAS F SR
Address: 16205 NW 9TH DR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC () Change (X) Addition
Name: MALLWITZ, KATHLEEN L
Address: 16205 NW 9 DR
City-St-Zip: PEMBROKE PINES, FL 33028

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: KATHLEEN LOMBARDI MALLWITZ

SEC

02/20/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date