

2007 FOR PROFIT CORPORATION ANNUAL REPORT


01-22-2007 90094 041 ***158.75

FILED P06000066155
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL -6 AM 10:02

DOCUMENT # P06000066155

1. Entity Name
 A & ACM SERVICES CORP.



Principal Place of Business
 3303 NW 101 AVE
 CORAL SPRINGS, FL 33065

Mailing Address
 3303 NW 101 AVE
 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01152007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-4853893

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ELORZA, ALEXANDRA J
 3303 NW 101 AVE
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELORZA, ALEXANDRA J 3303 NW 101 AVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACCHIAVELLI, JORGE C 3303 NW 101 AVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empoweread.

SIGNATURE: Macchiavelli, Jorge UP Date: 01/15/07 Daytime Phone #: 754 368 3006