


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000061232  
 1. Entity Name  
 AACC PROPERTY INVESTMENT CORP.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 P.O. BOX 45-1308 P.O. BOX 45-1308  
 MIAMI, FL 33245 MIAMI, FL 33245

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0600655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARTIR, ARMANDO  
 7400 S.W. 50TH TERRACE  
 SUITE 302  
 MIAMI, FL 33155-4481

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	P MARTIR, ARMANDO 1015 CORAL WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIR, ANA 1015 CORAL WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIR, CARLOS P. O. BOX 45-1308 N/A MIAMI, FL 33245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIR, CARMEN P. O. BOX 45-1308 N/A MIAMI, FL 33245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000255249  
 03/09/05-80005-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Armando Martir**  **3/5/05**  **305-594-1801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D/Volunt Phone #