

DOCUMENT # P95000061232

1. Entity Name
AACC PROPERTY INVESTMENT CORP.



for 191/1241
FILED
Apr 16, 2007 08:00 AM
Secretary of State

Principal Place of Business
P.O. BOX 45-1308
MIAMI FL 33245

Mailing Address
P.O. BOX 45-1308
MIAMI FL 33245



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0600655**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIR, ARMANDO
7400 S.W. 50TH TERRACE
SUITE 302
MIAMI FL 33155-4481

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P Delete
NAME: MARTIR, ARMANDO
STREET ADDRESS: 1015 CORAL WAY
CITY-STATE-ZIP: CORAL GABLES FL 33134

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: U000000712470
CITY-STATE-ZIP: 04/26/07-80048-009 150.00

TITLE: S Delete
NAME: MARTIR, ANA
STREET ADDRESS: 1015 CORAL WAY
CITY-STATE-ZIP: CORAL GABLES FL 33134

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: D Delete
NAME: MARTIR, CARLOS
STREET ADDRESS: P. O. BOX 45-1308 N/A
CITY-STATE-ZIP: MIAMI FL 33245

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
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CITY-STATE-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-STATE-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-07 305-582-4560