

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 08, 2006 8:00 am
Secretary of State

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000003253 1. Entity Name ACF INTERNATIONAL INC.					
Principal Place of Business 1200 BRICKELL AVENUE, SUITE 1575 MIAMI, FL 38131			Mailing Address 1200 BRICKELL AVENUE, SUITE 1575 MIAMI, FL 38131		
2. Principal Place of Business 1200 Brickell Avenue		3. Mailing Address 1200 Brickell Avenue			
Suite, Apt. #, etc. Suite 1575		Suite, Apt. #, etc. Suite 1575			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 13-3754429	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DEL SOL, CRISTINA 260 FRANKLIN STREET, SUITE 1520 BOSTON, MA 02110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Congress Street, Suite 6 Boston, MA 02109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELS, SCOTT D 260 FRANKLIN STREET, SUITE 1520 BOSTON, MA 02110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 485 Madison Avenue, Floor 17 New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERREARA, MONICA Y 260 FRANKLIN STREET, SUITE 1520 BOSTON, MA 02110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERRERA, MONICA Y 50 Congress Street, Suite 6 Boston, MA 02109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOMO, FRANCISCO PASEO DE LA CASTELLANA 89 28046 MADRID, SPAIN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Jose M. Vazquez PASEO DE LA CASTELLANA 89 28046, MADRID, SPAIN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MIGUEL PASEO DE LA CASTELLANA 89 28046 MADRID, SPAIN, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MIGUEL CABETAS 1200 Brickell Avenue, Suite 1575 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISKA, MICHAEL PASEO DE LA CASTELLANA 89 28046 MADRID, SPAIN, <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Cristina Del Sol</u> Jan 27, 2006 617 523-3295 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					