

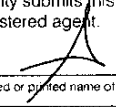
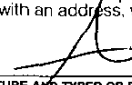


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90349 027 \*\*\*150.00

<b>DOCUMENT # F06000002587</b>					
<b>1. Entity Name</b> ACS INFRASTRUCTURE DEVELOPMENT, INC.					
<b>Principal Place of Business</b> 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134			<b>Mailing Address</b> 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 2 ALHAMBRA PLAZA Suite, Apt. #, etc. Suite, 660		<b>3. Mailing Address</b> 2 ALHAMBRA PLAZA Suite, Apt. #, etc. Suite, 660			
<b>City &amp; State</b> CORAL GABLES, FL		<b>City &amp; State</b> CORAL GABLES, FL		<b>4. FEI Number</b> 20-4677593	
<b>Zip</b> 33134		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name: ANGEL MURIEL Street Address (P.O. Box Number is Not Acceptable): 2 ALHAMBRA PLAZA City: CORAL GABLES, FL Zip Code: 33134		
<b>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.</b> SIGNATURE:  DATE: April 25 <sup>th</sup> , 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>CD</b> BUEY, MANUAL G 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> LAFUENTE, FRANCISO J 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> GARCIA, VICTOR R 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> POLANCO, NIEVES 201 ALBAMBRA CIR STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>C</b> CASES, JUAN S 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>C</b> MURIEL, ANGEL 201 ALHAMBRA CIRCLE STE 804 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> 			April 25 <sup>th</sup> , 2008 (305) 423 7600 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					