

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000020203

**Entity Name:** ACEA FAMILY DELIVERY SERVICES, INC.

**Current Principal Place of Business:**

445 NW 4TH ST  
1105  
MIAMI, FL 33128

**Current Mailing Address:**

445 NW 4TH ST  
1105  
MIAMI, FL 33128

**FEI Number:** 82-0730996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACEA, EMILIO  
445 NW 4TH ST  
1105  
MIAMI, FL 33128 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ACEA, EMILIO  
Address 445 NW 4TH ST  
City-State-Zip: MIAMI FL 33128

Title VP  
Name DIAZ, ARIADNA  
Address 445 NW 4TH ST  
City-State-Zip: MIAMI FL 33128

Title VP  
Name ACEA, LEORSY  
Address 445 NW 4TH ST  
City-State-Zip: MIAMI FL 33128

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMILIO ACEA

P

04/30/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date