


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 447676 1. Entity Name A. C. M. CORP. |  |
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| Principal Place of Business: 10502 NW 134TH ST. HIALEAH, FL 33106 US | Mailing Address 10502 NW 134TH ST. L HIALEAH, FL 33018 US |
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01252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1515618 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES 780 NW LEJENE RD. #324 MIAMI, FL 33126 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000251721 03/04/05-80062-012 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P POU, GABRIEL A. 3750 SW 136 CT MIAMI, FL 33018 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST POU, ANTONIO 8422 NW 168 TERR MIAMI LAKES, FL 33016 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V POU, GABRIEL H. 11800 S.W. 97TH AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 3/2/05 (30) \$195010 <small>Date Daytime Phone #</small> |
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