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Secretary of State
03-27-2006 90275 022 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 594736

1. Entity Name
ACUNA TOOLS CORP.

50005978

Principal Place of Business	Mailing Address
3100 NW 72 AVE., #103 MIAMI, FL 33122-1335	3100 NW 72 AVE., #103 MIAMI, FL 33122-1335

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1877662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACUNA, ANDRES RAMIRO
13361 SW 6TH ST.
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name ACUNA JUDITH
Street Address (P.O. Box Number is Not Acceptable)
13361 SW 6TH ST
City MIAMI **FL** Zip Code 33184

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD ACUNA, JUDITH 13361 SW 6TH ST. MIAMI, FLORIDA 3,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ACUNA JUDITH 13361 SW 6TH ST MIAMI FL 33184	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ACUNA, ANDRES RAMIRO 13361 SW 6TH ST. MIAMI, FLORIDA 3,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Judith Acuna ACUNA, JUDITH PRESIDENT 03/15/06 (305) 592-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #