


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 682567**  
 1. Entity Name  
**ACHA CORPORATION**



Principal Place of Business <b>13110 SW 117TH STREET          MIAMI, FL 33186</b>	Mailing Address <b>13110 SW 117TH STREET          MIAMI, FL 33168</b>
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2050927</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ACHA, GEORGES  
 13110 SW 117TH STREET  
 MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ACHA, GEORGES 13110 SW 117TH STREET MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ACHA, GEORGES 13110 SW 117TH STREET MIAMI, FL 33186</b>
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 02/15/05-80003-008 150.00

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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/10/05** Daytime Phone # \_\_\_\_\_

305 383 7933