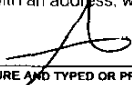


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90349 027 ***150.00

DOCUMENT # F06000002587					
1. Entity Name ACS INFRASTRUCTURE DEVELOPMENT, INC.					
Principal Place of Business 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIR STE 804 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2 ALHAMBRA PLAZA Suite, Apt. #, etc. Suite, 660		3. Mailing Address 2 ALHAMBRA PLAZA Suite, Apt. #, etc. Suite, 660			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number 20-4677593	
Zip 33134		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name: ANGEL MURIEL Street Address (P.O. Box Number is Not Acceptable): 2 ALHAMBRA PLAZA City: CORAL GABLES, FL Zip Code: 33134		
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:  DATE: April 25 th , 2008 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 CD NAME BUEY, MANUAL G STREET ADDRESS 201 ALHAMBRA CIR STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE DP NAME LAFUENTE, FRANCISO J STREET ADDRESS 201 ALHAMBRA CIR STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE D NAME GARCIA, VICTOR R STREET ADDRESS 201 ALHAMBRA CIR STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE S NAME POLANCO, NIEVES STREET ADDRESS 201 ALBAMBRA CIR STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE C NAME CASES, JUAN S STREET ADDRESS 201 ALHAMBRA CIR STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE C NAME MURIEL, ANGEL STREET ADDRESS 201 ALHAMBRA CIRCLE STE 804 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ 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: 			April 25 th , 2008 (305) 423 7600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					