


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F10818 1. Entity Name ACLM CORP.	
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Principal Place of Business 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US	Mailing Address 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2044603	Applied For Not Applicable
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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

MENDELSON, LAURANS A
825 BRICKELL BAY DR
STE. 1643
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VETTER, JUDITH 825-BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDELSON, LAURANS A 825-BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDELSON, ARLENE 825-BRICKELL BAY DRIVE #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/05-80033-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Laurans A. Mendelson 4/20/05 305-374-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #