


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F10818	
1. Entity Name ACLM CORP.	
	
Principal Place of Business	Mailing Address
825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US	825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2044603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENDELSON, LAURANS A 825 BRICKELL BAY DR STE. 1643 MIAMI, FL 33131

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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, 2007 Fee will be \$550.00**

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

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

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05/03/07-80051-006 150.00

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IN THIS SPACE**

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:  **Laurans A. Mendelson** **4/13/07** **305-374-1744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #