

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90051 014 ***150.00

DOCUMENT # F37293

1. Entity Name
ATLANTIC COAST CONSTRUCTION SYSTEMS, INC.



Principal Place of Business
**9550 NW 77 AVE.
HIALEAH GARDENS, FL 33016**

Mailing Address
**9550 NW 77 AVE.
HIALEAH GARDENS, FL 33016**

40001410



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
11460 NE 10 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BISCAYNE PARK FL

City & State

Zip
33161

Country
USA

Zip

Country

4. FEI Number
59-2195531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ROBERTO
9550 NW 77 AVE.
HIALEAH GARDENS, FL 33016**

Name
CARLOS COLLAZO
Street Address (P.O. Box Number is Not Acceptable)
11460 NE 10 Avenue

City
BISCAYNE PARK **FL** Zip Code
33161

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

Robert Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RODRIGUEZ, ROBERTO
9550 NW 77 AVE.
HIALEAH GARDENS, FL 33016** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President / Sec. Treas.
CARLOS COLLAZO
11460 NE 10 AV.
BISCAYNE PARK FL 33161** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 life empowered.

SIGNATURE:

Carlos Collazo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 (786) 2539865
Date Daytime Phone #