


FILED
May 01, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000002120 1. Entity Name AMERICAN CORPORATE INVESTMENTS, LTD. COMPANY	
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Principal Place of Business THE LAKE BUILDINGS WICKHAMS CAY, ROAD TOWN, FIRST FLOOR TORTOLA, BRITISH VIRGIN ISL.	Mailing Address 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131-2851
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINES ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000750673
05/18/07-80072-008 2600.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BROCE, BRUNILDA
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY - ST - ZIP	PISO NO.10 PANAMA 1, R D P.
TITLE	AS
NAME	LEDEZMA, HERIBERTO
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY - ST - ZIP	PISO NO.10 PANAMA 1, R D P.
TITLE	PD
NAME	MANSFIELD, ABDIEL
STREET ADDRESS	AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
CITY - ST - ZIP	PISO NO.10 PANAMA 1, R D P.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

(305) 381-8340

Daytime Phone #