

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002120

FILED
Apr 08, 2009
Secretary of State

Entity Name: AMERICAN CORPORATE INVESTMENTS, LTD. COMPANY

Current Principal Place of Business:

THE LAKE BUILDINGS
WICKHAMS CAY, ROAD TOWN, FIRST FLOOR
TORTOLA, BRITISH VIRGIN ISL, BV BV

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVE.
16TH FLOOR
MIAMI, FL 331312851 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BROCE, BRUNILDA S
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA, REP. PAN, PA PANAMA PA

Title: AS () Delete
Name: LEDEZMA, HERIBERTO AS
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA, REP. PAN, PA PANAMA PA

Title: PD () Delete
Name: MANSFIELD, ABDIEL PD
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA, REP. PAN, PA PANAMA PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUNILDA BROCE

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date