

UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90004 023 ****50.00

1. Entity Name *L 00000001920*
A.C.M. CAPITAL LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1717 N. Bay Shore DR
 Suite, Apt. #, etc. *130*
 City & State *MIAMI, FL*
 Zip *33132* Country

3. Mailing Address
1717 N. Bay Shore DR
 Suite, Apt. #, etc. *130*
 City & State *MIAMI, FL*
 Zip *33132* Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0984549* Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *ALEXANDER MAKHORIN*
 Street Address (P.O. Box Number is Not Acceptable)
310 SE MIZNER BLVD, #1001
BOCA RATON
 City *FL* Zip Code *33486*

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.

SIGNATURE *Alexander Makhorin* *ALEXANDER MAKHORIN* DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT MAKHORINE ALEXANDER 1717 N. Bay Shore Dr Ste 130 Miami, FL 33132</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *ALEXANDER MAKHORINE* *Alexander Makhorin* *4/03/04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #