FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90248 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29526

1. Entity Name
A.C.H. GROUP, INC.

Principal Place of Business
17309 PREAKNESS PL
ODESSA, FL 33556 US

Mailing Address
5364 EHRLICH ROAD
SUITE 306
TAMPA, FL 33624

2. Principal Place of Business	3. Mailing Address
	17309 PREAKNESS PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ODESSA, FL
Zip / Country	Zip 33556 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2983148 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ALHADEFF, ALBERT
17309 PREAKNESS PL
ODESSA, FL 33556

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P ALHADEFF, ALBERT 17309 PREAKNESS PL ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 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: Albert Alhadeff — 2/13/03 — 813-9260605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #