

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90008 007 \*\*\*150.00

**DOCUMENT # L38057**

1. Entity Name  
ACARUS PROPERTIES, INC.



Principal Place of Business  
2025 SW 2 AVE  
1500 SAN REMO AVE., STE. 125  
MIAMI, FL 33129 US

Mailing Address  
P OBOX 450220  
MIAMI, FL 33245-0220 US

**66022871**



07072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0161825**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146

**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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
GINSBURG, DENNIS  
1500 SAN REMO AVE., #125  
CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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


Date

Daytime Phone #

*Resident 8/6/06*

*President*

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # L38057</b> 1. Entity Name ACARUS PROPERTIES, INC.					
Principal Place of Business 2025 SW 2 AVE 1500 SAN REMO AVE., STE. 125 MIAMI, FL 33129 US			Mailing Address P O BOX 450220 MIAMI, FL 33245-0220 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0161825	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				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 _____ (NOTE: Registered Agent Signature is required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS GINSBURG, DENNIS 1500 SAN REMO AVE., #125 CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 687, 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 individuals empowered.					
SIGNATURE: _____ Date: 8/10/06 4/24/06					

ATTACHMENT

660 22871

01172006 Chg-P CR2E034 (11/05)

FL Zip Code

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	DPS GINSBURG, DENNIS 1500 SAN REMO AVE., #125 CORAL GABLES, FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dennis Ginsburg*  
President

**ATTACHMENT**  
*Jose R. Gomez, C.P.A., P.A.*

CERTIFIED PUBLIC ACCOUNTANT  
1400 S.W. 27<sup>TH</sup> AVE. • No. 102 • MIAMI, FL 33135  
TEL. 305-644-1223 • FAX: 305-644-1228

66032871

July 11, 2006

Division of Corporation  
PO Box 6198  
Tallahassee, FL 32314

**RE: ACARUS PROPERTIES INC.**  
**DOCUMENT No.: L38057**  
**FORM: ANNUAL REPORT**  
**PERIOD: 2006**

This letter is in regards to your notice of intent to dissolve, copy enclosed, for the above referenced taxpayer. Enclosed please find a copy of the annual report that was originally filed on a timely basis, and check for the tax due.

The report was mailed through the general mailing system. Due to some unforeseen circumstance not in our control, the form never arrived your offices. Please adjust your records accordingly. Thank you for your prompt attention to this matter.



JOSE R. GOMEZ, C.P.A.  
Enclosures

*Member of:*  
*Florida Institute of Certified Public Accountants*