

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

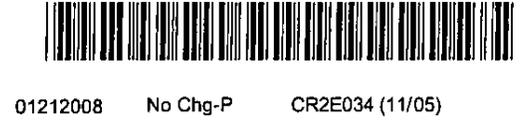
DOCUMENT # L38057
 1. Entity Name
 ACARUS PROPERTIES, INC.



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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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	

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 02/12/08-80079-019-150.00

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]* _____ *[Date]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #