

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009406

FILED
Apr 24, 2006
Secretary of State

Entity Name: ACCACIA-ACCOUNTANTS & CONSULTANTS, INTERNATIONAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O MONAHAN, 5201 BLUE LAGOON DR.
834
MIAMI, FL 33126

New Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470 # 5
CORAL GABLES, FL 33146 US

Current Mailing Address:

C/O MONAHAN, 5201 BLUE LAGOON DR.
834
MIAMI, FL 33126

New Mailing Address:

CCS 10118
PO BOX 025323
MIAMI, FL 33102 US

FEI Number: 20-3456475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R
5201 BLUE LAGOON DR.
834
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R
4000 PONCE DE LEON BLVD
SUITE 470 # 5
CORAL GABLES, FL 33146 US

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: ROARK R MONAHAN

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOCATELI, JOBELINO
Address: AV. BERNANDINO DE CAMPOS, 98 SOBRELOJA
City-St-Zip: SAO PAULO (CEP 044004-040), SP 044004040

Title: D () Delete
Name: MONAHAN, ROARK R
Address: TORRE LA PREVISORA, P. 10, AV. LAS ACACIAS
City-St-Zip: SABANA GRANDE, CARACAS, DF 1050

Title: D () Delete
Name: MORENO, ROBERT
Address: EXPERTISE COMPRABLE 1, RUE VOLNEY
City-St-Zip: PARIS, FR 75002

Title: D () Delete
Name: SALAMANCA, VICTOR JR.
Address: C/ FERNANDO EL SANTO 15, 2°
City-St-Zip: MADRID, MD 28010

Title: D () Delete
Name: TAGLE, BENITO
Address: BOSQUE DE CIRUELOS 180 PLANTA PRINCIPAL
City-St-Zip: BOSQUES DE LAS LOMAS, DF 11700

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROARK R MONAHAN

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date