## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012798

160 NE 128 STREET

NORTH MIAMI, FL 33161

Address: City-St-Zip:

Entity Name: ACPACH INC.

FILED Jul 30, 2008 Secretary of State

<b>_</b>	mer //er//erring.			
Current P	Principal Place of Business:	New Principal Place	New Principal Place of Business:	
	21ST TERRACE NAMI, FL 33161			
Current N	Mailing Address:	New Mailing Address	New Mailing Address:	
	21ST TERRACE MAMI, FL 33161			
	nce with s. 607.193(2)(b), F.S., the corporation o	lid not receive the prior notice.	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:	
160 NE 12	, WITHNIE 28TH STREET 1IAMI, FL 33161 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) Delete HONORE, WITHNIE 160 NE 128 TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete AUGUSTIN, ONICKEL 230 NE 121ST TERRACE NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete FILS-AIME, ARRIE 905 NW 124TH STREETE NORTH MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete DORCELUS, JUDY 11925 NE 2 AVE #B216 NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () Delete MEDARD, LEDNA H	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WITHNIE HONORE D 07/30/2008