## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012798

Entity Name: ACPAC, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	ST TERRACE AMI, FL 33161		
Current Mailing Address:		New Mailing Address:	
	ST TERRACE AMI, FL 33161		
	FEI Number Applied For() FEI Number Applied For() FEI Number Applied For() FEI Number 8	=	
HONORE, WITHNIE 160 NE 128TH STREET NORTH MIAMI, FL 33161 US		HONORE, WITHNIE 270 NE 141 STREET NORTH MIAMI, FL 33161 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATURE: WITHNIE HONORE			06/16/2009
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES 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:	D (X) Change ( ) Addition HONORE, WITHNIE 270 NE 141 STREET NORTH MIAMI, FL 33161
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: Address: City-St-Zip:	T () Delete MEDARD, LEDNA H 160 NE 128 STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition HONORE, LEDNA H 19 ANN LEE LANE TAMARAC, FL 33319
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition TALLEYRAND, ROMANE 11950 NE 16 AVE # 104 NORTH MIAMI, FL 33161

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.

SIGNATURE: WITHNIE HONORE D 06/16/2009