

2007 FOR PROFIT CORPORATION ANNUAL REPORT


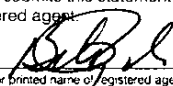
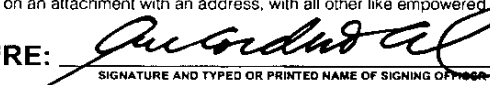
FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 006 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000030096			
1. Entity Name A.C.C. REAL ESTATE INVESTMENTS, INC.			
Principal Place of Business 806 DOUGLAS RD STE 580 MIAMI, FL 33134		Mailing Address 806 DOUGLAS RD STE 580 SUITE 4000 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US		3. Mailing Address 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL Zip 33134 Country US	
4. FEI Number 65-1003026		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENT CORPORATE SRVS., INC 806 DOUGLAS RD STE 580 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134	
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: 1/10/07 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PSTD CASAL, ALI CORDERO 1101 BRICKELL AVE., SUITE 402 MIAMI, FL 33131 <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	VD RIVERA, OSWALDO 1101 BRICKELL AVE., SUITE 402 MIAMI, FL 33131 <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 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: 		Date: 4/18/07 Daytime Phone #: 305 5774246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			