


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000054028  
 1. Entity Name  
 ACELESCA INTERNATIONAL, INC.



Principal Place of Business      Mailing Address  
 91 W 21ST STREET      91 W 21ST STREET  
 HIALEAH, FL 33010      HIALEAH, FL 33010

**DO NOT WRITE IN THIS SPACE**



04272005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1013427      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAPOPORT, STEPHEN R  
 10008 SHATWOOD LANE  
 ORLANDO, FL 32836

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P MARTINEZ, ROGELIO A 91 W 21ST ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EGLYS T 91 W 21ST STREET HIALEAH, FL 33010
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U00000349161  
 05/02/05-80054-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Egyst Martinez      4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #