2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000076976

FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

ACEVEDO INVESTMENTS, CORP.

1. Entity Name

8501 S.W. 47TH STREET MIAMI, FL 33155

Mailing Address

8501 S.W. 47TH STREET MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

65-1041324 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

4. FEI Number

Applied For

6. Name and Address of Current Registered Agent

ACEVEDO, JORGE L 8501 S.W. 47TH STREET MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

| | | | | <u> </u> | | |
|--|--|---|----------------|--------------------------------|---|-----------------|
| | named entity submits this statement for the pions of registered agent. | urpose of changing its registered | d affice or | registered agent, or both | h, in the State of Florida, I am familiar w | ith, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title II | applicable (NOTE Registered | Agent signatur | e required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | 44 |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ACEVEDO, JORGE L 8501 S.W. 47TH STREET MIAMI, FL 33155 | | | | | |
| INLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | U00000552648 05/15/06-80017-017 | 15D.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE | : |
| TITLE NAME | | | | | | : |

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 it 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 withan address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR