## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCU<br>1. Entity Nam<br>ACEC CO   | ne   | # P00000077                                       | A THE                           |  | FILED  07 NOV 16 AM II: 58               |                                       |   |                 |                                |           |  |
|--|--|---|---------------------------------|--|--|---------------------------------------|---|-----------------|--------------------------------|-----------|--|
| Principal Plac   | e of Busines                                     | 5   |                                 | -  | PALLAHASSFE, PLORIDA                     |                                       |   |                 |                                |           |  |
| P.O. BOX 831195 P.O. BOX 831195  |  |   |                                 |  |  |                                       | 1/4/_1.   | AMASSET         | 1, hLOh                        | NDA       |  |
| MIAMI, FL 33283 MIAMI, FL 33283  |  |   |                                 |  |  | 04-23-                                | 0) 90101  | 035             | <b>.</b>                       | 58.15     |  |
|  |  |   |                                 |  |  | <b>       </b>                        |   |                 |                                |           |  |
| 2. Principal P   | lace of Busin                                    | 13272   |                                 |  |  |                                       |   |                 |                                |           |  |
| Suite, Apt.  |  | 7-1-  |                                 |  | DE                                       | INSTATE                               | MENT  | (40400)         | 07                             |           |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |   |                                 |  |  | 04202147                              |   |                 | (12/06)                        |           |  |
| Mily & State FL  |  |   | City & State                    | City & State                                       |  |                                       | 4. FEI Number         Applied For           65-1036503         Not Applicable |                 |                                |           |  |
| 331  | 83   | Zip Country Zip Co                                |                                 | Country  |  | 5. Certificate of Status Desired      |   |                 | \$8.75 Additional Fee Required |           |  |
|  | 6. Name and Address of Current Registered Agent  |   |                                 |  | Name and Address of New Registered Agent |                                       |   |                 |                                |           |  |
| 41100110   | 0  | 2140 15   | ^                               | Name   |  |                                       |   |                 |                                |           |  |
| ANDOLLO<br>7400 SW 1<br>MIAMI, FL  | 132 PLAC   |   | S                               | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |   |                 |                                |           |  |
| 1717 ten, 1 E 35 165   |  |   |                                 |  |  |                                       |   |                 |                                |           |  |
|  |  |   |                                 | (  | City                                     | ,                                     |   | FL              | Zip Code                       |           |  |
| 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  |  |   |                                 |  |  |                                       |   |                 |                                |           |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |   |                                 |  |  |                                       |   |                 |                                |           |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees   |  |   |                                 |  |  |                                       |   |                 |                                |           |  |
| 10.  |  | OFFICERS AND                                      | DIRECTORS                       | 11.  |  |                                       | /CHANGES TO OFF   | ICERS AND D     | IRECTORS                       | IN 11     |  |
| TITLE  | PD Delete Tiff                                   |   |                                 |  |  | Prosident Andollo, Jr Change Addition |   |                 |                                |           |  |
| NAME ANDOLLO, GISELA STREET ADDRESS P.O. BOX 831195  |  |   |                                 |  |  |                                       |   |                 | _                              |           |  |
| CITY-ST-ZIP  | ]  |   |                                 |  |  | Bry 83                                | 1195 N  | ium, Fl         | _ 33                           | Z 23      |  |
| TITLE  | VP   |   | Delete                          | TITLE  |  |                                       |   |                 | Change                         | Addilion  |  |
| NAME<br>STREET ADDRESS   | ANDOLLO, GUILLERMO JR.  ADDRESS   PO BOX 831195  |   |                                 |  | Doress                                   |                                       |   |                 |                                | Ţ         |  |
| CITY-ST-ZIP  | !  |   |                                 |  | ZIP                                      |                                       |   |                 |                                |           |  |
| TITLE  |  | <del></del>                                       | ☐ Delete                        | TITLE  |  |                                       |   | <u> </u>        | Change                         | Addition  |  |
| NAME<br>STREET ADDRESS   |  | 1 1   |                                 | MAME<br>Street al                                  | ADDECC                                   |                                       |   |                 |                                |           |  |
| CITY-ST-ZIP  |  | Malle   |                                 | CITY-ST-   |  |                                       |   |                 |                                |           |  |
| TITLE  |  | - <del>// -                                </del> | <b>Delete</b> □                 | TITLE  |  |                                       |   | [               | Change                         | Addition  |  |
| NAME<br>CERET APPROVES   | 1  | 1,  |                                 | NAME   | OCDEAS.                                  |                                       |   |                 |                                | Į         |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                                 | STREET A   | 1  |                                       |   |                 |                                | İ         |  |
| TITLE  | _  | <u> </u>  | Delete                          | TITLE  |  |                                       |   |                 | Change                         | Addition  |  |
| NAME   |  |   |                                 | NAME   | Î  |                                       |   |                 |                                |           |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |   |                                 | STREET AC  |  |                                       |   |                 |                                |           |  |
| TITLE  | <del>                                     </del> |   | Delete                          | TITLE  |  | _                                     | <del></del>   |                 | Change                         | Addition  |  |
| NAME   |  |   |                                 | NAME   |  |                                       |   |                 | - 0                            |           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                                 | STREET AI<br>CITY-ST-                              | I  |                                       |   |                 |                                |           |  |
|  | certify that th                                  | e information supplied with                       | this filing does not qualify to | l  |  | d in Chanter 11                       | 9. Florida Statutes   | further cortifu | that the in                    | formation |  |
| 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 if Changed, or on an attachment with an address, with all other like empowered. |  |   |                                 |  |  |                                       |   |                 |                                |           |  |
| SIGNATURE:   |  |   |                                 |  |  |                                       | 9/17/0  | 7 35            | 3 51                           | 61        |  |
| SIGNAI   | UKE  | SIGNATURE AND TYPED OR E                          | PRINTED NAME OF SIGNING OFFICER | OR DIRECTOR  | · ·                                      |                                       | Date  | <u> </u>        | me Phone #                     |           |  |



## **ACEC Corporation**

PO Box 831195, Miami Florida 33283 Phone: (305) 383-5161, Fax: (305) 383-6136 E-mail: acec\_co@bellsouth.net

## **Cover Letter**

Florida Department of State
Division of Corporation
Ate: Sean Toner
Senior Section Administrator
PO Box 8700 Tallahassee, Florida 32314
Reference: Document P00000077995

November 09, 2007

This letter is in reference of ACEC Corporation Annual Report Document P00000077995.

Attached please found the above reference document with the correction suggested in you letter # 307A00061340. Please proceed with the filling process.

As I did mention in our phone conversation, this was the first and only indication that what the Division of Corporation required now on the information to be file. After seven year using a PO Box for address and applying always on time, we being treated to be dissolved. Could be an indication that something does not work properly there?

Best Regards

Guillermo Andollo, Jr. ACEC Corporation