2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083841

Entity Name: ACUSUPPLY, INC.

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
410 EAST HALLANDALE B BLVD STE 206-B			3801 NE 20 APT 501	3801 NE 207TH STREET APT 501	
HALLANDALE, FL 33009		AVENTUR/	AVENTURA, FL 33180		
Current Mailing Address:			New Mailir	New Mailing Address:	
	207TH ST, UNI RA, FL 33180	T 501	APT 501	7TH STREET A, FL 33180	
FEI Number	r: 65-1037142	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
AVENTUF	207 ST . AP 50 RA, FL 33180	US			
		submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both	
in the Stat	e of Florida.	submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both	
in the Stat	e of Florida. RE:	·			
in the Stat SIGNATU	e of Florida. RE: Electror	submits this statement for the pair in the pair is statement for the pair is submitted. Against the pair is submitted and the pair is submitted and the pair is submitted.		s registered office or registered agent, or both Date	
in the State SIGNATU Election Ca	e of Florida. RE: Electror	nic Signature of Registered Age g Trust Fund Contribution ().	ent		
in the Stati SIGNATU Election Cal OFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Age g Trust Fund Contribution (). TORS:) Delete UEL H ST, UNIT 501	ent	Date	
in the State SIGNATU Election Ca	e of Florida. RE: Electror Impaign Financin S AND DIREC D (ARENAS, MANI 3801 NE 207TH AVENTURA, FL	nic Signature of Registered Age g Trust Fund Contribution (). TORS:) Delete UEL H ST, UNIT 501	ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTO	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERES DAGER D 04/05/2009