2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000112639 ACROM INTERNATIONAL, INC. Principal Place of Business Mailing Address

6. Name and Address of Current Registered Agent

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90055 043 ***150.00

40100



DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33134

01112007 No Chg-P		CR2	CR2E034 (11/05)		
4. FEI Number	r		Applied For		
65-1067	7683		Not Applicable		
			\$8.75 Additional		

5. Certificate of Status Desired

Fee Required

ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134

901 PONCE DE LEON BLVD SUITE 603

CORAL GABLES, FL 33134

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SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE	: Registered	Agent signature	required when reinstating)	DATE	
FIL After M		B. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANOSKI, ANTONIO CARLOS 901 PONCE DE LEON BLVD SUITE 6 CORAL GABLES, FL 33134	03					
TITLE NAME Street Address City-St-Zip				`			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME Street address City-St-Zip							
TITLE NAME STREET ADORESS CITY-ST-ZIP				-			
IITLE NAME STREET ADDRESS CITY-ST-ZIP							

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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR