

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 002 ***150.00

DOCUMENT # P000001126391. Entry Name
ACROM INTERNATIONAL, INC.Principal Place of Business
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**Mailing Address
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**

40042133



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-1067683
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBORNOZ-WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134****DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ROMANOSKI, ANTONIO CARLOS
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES, FL 33134**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

02-26-08 (214) 907-0106

ROMANOSKI