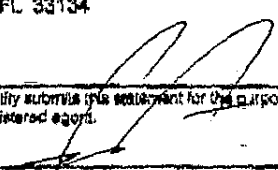
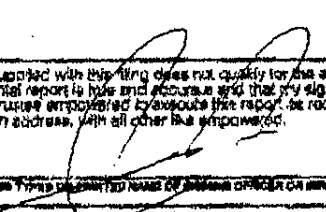


FILED**May 02, 2005 08:00**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000112639		
1. Entity 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
DO NOT WRITE IN THIS SPACE		
4. FE Number 65-1067883		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		
7. 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 		DATE 04-22-05
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$300.00		8. Election Campaign Financing Trust Fund Contribution. ☐
\$5.00 May Be Added to Fee		
OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ROMANOSKI, ANTONIO CARLOS	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 603	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(b), 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 fees empowered.		
SIGNATURE: 		DATE 04-22-05 444-1741