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Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90261 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001795

1. Entity Name
ACA ELECTRONICS, INC.

Principal Place of Business	Mailing Address
6775 S.W. 102 TERRACE MIAMI, FL 33156	~~6775 S.W. 102 TERRACE~~ 10555 SW 77 Ct MIAMI, FL 33156

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
14707 S. Dixie Highway	14707 S.Dixie Highway
Suite, Apt. #, etc.: 313	Suite, Apt. #, etc.: 313
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33156 Country: USA	Zip: 33156 Country: YSA

4. FEI Number: 65-1067410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, CHRISTOPHER J 6775 S.W. 102 TERRACE MIAMI, FL 33156	Name: Street Address (P.O. Box Number is Not Acceptable): 14707 S. Dixie Highway Suite 313 City: Miami FL Zip Code: 33156

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSS, CHRISTOPHER J 6775 S.W. 102 TERRACE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change ☐ Addition 14707 S. Dixie Highway,#313 ~~Miami, Florida 33156~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Christopher J Ross 3-26-06 305-696-9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #