2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90280 027 ***150.00

DOCUMENT # P01000004684

1. Entity Name
ACROPOLIS CELL CENTER, INC.

Principal Place of Business
990 W. 22 ST.
HIALEAH, FL 33010

Mailing Address
990 W. 22 ST.
SUITE 232
HIALEAH, FL 33010

02272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5521 SW 112 AVE
Suite, Apt. #, etc.
105
City & State
MIAMI, FL.
Zip 33178 Country US

3. Mailing Address
5521 SW 112 AVE.
Suite, Apt. #, etc.
105
City & State
MIAMI, FL.
Zip 33178 Country US

4. FEI Number
65-1068826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNAIZ, GUSTAVO
1512 SW 187TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HENAIZ, GUSTAVO	1512 SW 187TH STREET	PEMBROKE PINES, FL 33029	☐
D	HENAIZ, JORGE	1512 SW 187TH STREET	PEMBROKE PINES, FL 33029	☐
T	HERNAIZ, PATRICIA R	1512 SW 187 STREET	HOLLYWOOD, FL 33029	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		5521 SW 112 AVE. APT. 105	MIAMI, FL. 33178	☑	☐
		5521 SW 112 AVE APT. 105	MIAMI, FL. 33178	☑	☐
		5521 SW 112 AVE. APT. 105	MIAMI, FL 33178	☑	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: GUSTAVO HERNAIZ 02-28-05 305 559 1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #