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

02272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5521 SW 112 AVE	5521 SW 112 AVE.
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33178 Country: US	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	7. Name and Address of New Registered Agent
HERNAIZ, GUSTAVO 1512 SW 187TH STREET PEMBROKE PINES, FL 33029	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENAIZ, GUSTAVO 1512 SW 187TH STREET PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5521 SW 112 AVE Apt. 105 Miami, FL. 33178	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENAIZ, JORGE 1512 SW 187TH STREET PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5521 SW 112 AVE Apt. 105 Miami, FL. 33178	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERNAIZ, PATRICIA R 1512 SW 187 STREET HOLLYWOOD, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5521 SW 112 AVE. Apt. 105 Miami, FL 33178	
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	
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 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 #