

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034038

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ARCHITECTURAL CUSTOM FINISHES, INC.

## Current Principal Place of Business:

160 HOPE ST  
172  
LONGWOOD, FL 32750

## New Principal Place of Business:

160 HOPE ST  
132  
LONGWOOD, FL 32750

## Current Mailing Address:

160 HOPE ST  
172  
LONGWOOD, FL 32750

## New Mailing Address:

160 HOPE ST  
132  
LONGWOOD, FL 32750

FEI Number: 59-3708482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRECIADO, JULIO C  
160 HOPE STREET  
SUITE 172  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

PRECIADO, JULIO C  
160 HOPE STREET  
SUITE 132  
LONGWOOD, FL 32750 US

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.

SIGNATURE: OLGA PRECIADO

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRECIADO, JULIO  
Address: 160 HOPE ST SUITE 172  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: PRECIADO, OLGA  
Address: 160 HOPE ST., SUITE 172  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PRECIADO, JULIO  
Address: 160 HOPE ST SUITE 132  
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition  
Name: PRECIADO, OLGA  
Address: 160 HOPE ST., SUITE 132  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA PRECIADO

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date