


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

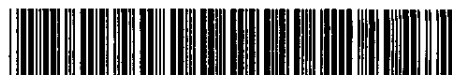
**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90002 005 \*\*\*150.00

<b>DOCUMENT # P01000055735</b>	
1. Entity Name <b>ACEMI, INC.</b>	

Principal Place of Business <b>SEASIDE GUILLE COBERT POMPANO BCH FL 33062</b>	Mailing Address <b>1406 N OCEAN BLVD POMPANO BCH FL 33062</b>
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2. Principal Place of Business <i>Seaside Guille</i>	3. Mailing Address <i>1406 N. Ocean Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Pompano Beach</i>	City & State <i>Florida</i>
Zip <i>33062</i>	Country <i>Bloward</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>ZIMMERMAN, STEPHEN L 737 E ATLANTIC BLVD POMPANO BCH FL 33060</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <i>[Signature]</i>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIAMI, ANTHONY 1406 N OCEAN BLVD POMPANO BCH FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: <i>[Signature]</i>	05/19/04 954-786-6008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #