## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like g

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P01000058505 04-23-2007 90102 026 \*\*\*150.00 A & C WORLDWIDE ENTERPRISES, INC. Principal Place of Business ✓ Mailing Address ✓ 400.1000x 730 BUTTONWOOD LANE 730 BUTTONWOOD LANE MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address CROOKED CREEK DRIVE 4699 N. FEDERAL 10815 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) [02 E POMPANO City & State 4. FEI Number Applied For 7 X DALLAS 65-1113587 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 33064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRESCOTT, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 2605 PONCE DE LEON BLVD MIAMI, FL 33134 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D D Change ☐ Addition TITLE □ Delete TITLE AUFLICK, GEORGE A. AUFLICK, GEORGE A NAME NAME 4699 N. FEDERAL HWY, STE 102E ROMPANO BEACH, FL 33064 730 BUTTONWOOD LANE STREET ADDRESS STREET ADDRESS MIAMI: FL-33197 CITY-ST-ZIP CITY-ST-ZIE TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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

npowered.

G OFFICER OR DIRECTO

**FILED** 

186.299.6010

Daytime Phone #

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