


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-21-2004 90103 046 \*\*\*158.75

**DOCUMENT # P01000061384**

1. Entity Name  
**ACERO SYSTEMS, INC.**



Principal Place of Business  
**6073 NW 167 STREET**  
**SUITE C-4**  
**MIAMI, FL 33015**

Mailing Address  
**6073 NW 167 STREET**  
**SUITE C-4**  
**MIAMI, FL 33015**

2. Principal Place of Business  
**6157 NW 167th STREET**

3. Mailing Address  
**6157 NW.167th STREET**

Suite, Apt. #, etc.  
**SUITE F-21**

Suite, Apt. #, etc.  
**SUITE F-21**

City & State  
**HIALEAH, FL**

City & State  
**HIALEAH, FL.**

Zip  
**33015**

Country  
**U.S.A**

Zip  
**33015**

Country  
**U.S.A.**



04192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1113741**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASTRO, ROBERT**  
**106 SW 87 LANE**  
**CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**

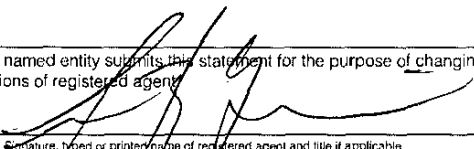
Name  
**YGLESIAS, FRANK**

Street Address (P.O. Box Number is Not Acceptable)  
**6157 NW. 167th STREET**

**SUITE F-21**

City **HIALEAH** **FL** Zip Code **33015**

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: **4/19/04**

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, 2004 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	<input checked="" type="checkbox"/> Delete
V	CASTRO, ROBERT	106 SW 87 LANE	CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/>
P	YGLESIAS, FRANK	14993 SW 21 STREET	MIRAMAR, FL 33027	<input type="checkbox"/>
ST	CUENCA, CESAR	1802 SW 84TH COURT	MIAMI, FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:  DATE: **4/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR