DOCUMENT # P01000102381

1. Entity Name
ACRI DESIGN & TRADE, CORP.

FILED
Aug 28, 2008 8:00 am
Secretary of State

07-31-2008 90044 020 ***150.00
08-28-2008 90002 023 ***400.00

41

Principal Place of Business	Mailing Address
8400 N.UNIVERSITY DRIVE SUIT #220 TAMARAC, FL 33321	PO BOX 25132 TAMARAC, FL 33321

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt #, etc. 5415 NW 24 st step	Suite, Apt. #, etc. PO BOX 936205
City & State Margate	City & State Margate
Zip 33063 Country	Zip 33093 Country

07192008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1145135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRERO, GLADYS
3529 MERRRICK LANE
MARGATE, FL 33063

7. Name and Address of New Registered Agent

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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	PD TORRESC, GUSTAVO 3529 MERRICK LANE MARGATE, FL 33063	☐ 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
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X G Torres DIRECTOR 7/25/08 (954) 297-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GUSTAVO TORRES Date Daytime Phone #