


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90843 019 \*\*\*150.00

**DOCUMENT # P01000102971**

1. Entity Name  
**ACOH SALES ENTERPRISES INC.**



Principal Place of Business      Mailing Address

**9500 NW 77TH AVE**      **9500 NW 77TH AVE**  
**BAY #5**      **BAY #5**  
**HIALEAH GARDENS, FL 33016**      **HIALEAH GARDENS, FL 33016**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**4175 NW 135TH ST**      **4175 NW 135TH ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**OPALOCKA, FL**      **OPALOCKA, FL**

Zip      Country      Zip      Country

**33054**      **MIAMI DADE**      **33054**      **U.S.A**  
**MIAMI DADE**

**40055000**



04172007      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**PEREZ, JULIAN R**  
**14238 SW 49 ST.**  
**MIAMI, FL 33175**

4. FEI Number      Applied For

**65-1145825**       Not Applicable

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

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: *Julian R Perez*      DATE: *4/23/07*

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, 2007 Fee will be \$550.00**

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	PVD	TITLE	
NAME	PEREZ, JULIAN R	NAME	
STREET ADDRESS	14238 SW 49 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Julian R Perez*      *Julian R Perez*      DATE: *4/23/07*      DAYTIME PHONE #: *786-271-3878*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR