2006 FOR PROTE CORPORATION ANNUAL REPORT

DOCUMENT # P02000008999

1. Entity Name ACFOUR CORP.



Mailing Address

Principal Place of Business 3515 N.W. 60TH STREET MIAMI, FL 3+314-2

3515 N.W. 60TH STREET MIAMI, FL 3+314-2

FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90085 036 ***150.00

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DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For A1-2029146 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or be	oth, in the State of F	korida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and talls	f epplicable. (NOTE: Remistered	Agent agnature re	quired when remstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS			,		
TITLE NAME Street Address City-St-Zip	D CHEN, CONROGO CON R 3515 N.W. 60TH STREET MIAMI, FL 3+3142	O DD				:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, HELEN 3515 N.W. 60TH STREET MIAMI, FL 3+3142					2	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, JASON -3515 N.W. 60TH STREET MIAMI, FL 3+3142		,	DΟ	NOT V	VRITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, MELISSA 3515 N.W. 60TH STREET MIAMI, FL 3+3142			1N	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZP							
TITLE NAME STREET ADDRESS CITY-ST-ZP				· • .	· ·		*
12. I hereby o	certify that the information supplied with this firm on this report or supplemental report is true	illing does not qualify for the exe	emptions conta	nined in Chapter 11 the same legal effe	19, Florida Statutes.	I further certify that coath; that I am an	t the information officer or director

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: _

Comodd Cl

CONRODD CHEN

4/6/6

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