FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90490 032 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90099468

DOCUMENT # P02000067555

1. Entity Name
ACPP INCORPORATED

Principal Place of Business	Mailing Address
5285 NE 3RD COURT. ONE MIAMI, FL 33137	5285 NE 3RD COURT. ONE MIAMI, FL 33137

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1595 NE 135th St.	1595 NE 135th St
Suite, Apt. #, etc. #433	Suite, Apt. #, etc. #433
City & State N. MIAMI, FL	City & State N. MIAMI, FL
Zip 33161 Country USA	Zip 33161 Country USA

4. FEI Number 61-1417772 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLUTE, ANGELA 5285 NE 3RD COURT ONE MIAMI, FL 33137	Name Clute, Angela Street Address (P.O. Box Number is Not Acceptable) 1595 NE 135th St. #433 City N. Miami FL Zip Code 33161

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] 4/12/03

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

FILE NOW!!! FEE IS $150.00!
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P CLUTE, ANGELA 5285 NE 3RD CT SUITE ONE MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please update Address	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIRONE, PAULA 5285 NE 3RD CT. SUITE ONE MIAMI, FL 33137	☑ 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 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: [signature] Angela Clute 4/12/03 (305)298-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)