

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000080797

1. Entity Name
ACA JEANS INTERNATIONAL, INC.



Principal Place of Business

801 W 49TH ST #224
HIALEAH, FL 33012

Mailing Address

801 W 49TH ST #224
HIALEAH, FL 33012



09102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2368349

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, MANUEL
801 W 49TH ST #224
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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, 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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MENDEZ, ORLANDO
STREET ADDRESS	801 W 49TH ST #224
CITY- ST- ZIP	HIALEAH, FL 33012
TITLE	D
NAME	MENDEZ, MANUEL
STREET ADDRESS	801 W 49TH ST #224
CITY- ST- ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL MENDEZ Director

9/10/04

Date

Daytime Phone #