


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000049533 1. Entity Name ACD ENTERPRISES USA, CORP.						FILED 05 FEB 15 PM 4:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 10275 COLLINS AVE, APT 319 BAL HARBOR, FL 33154				Mailing Address 10275 COLLINS AVE, APT 319 BAL HARBOR, FL 33154				
2. Principal Place of Business 500 SOUTH POINT DR. Suite, Apt. #, etc. # 190				3. Mailing Address Suite, Apt. #, etc. 				
City & State M. AM. BEACH FL				City & State 				
Zip 33139		Country DADE.		Zip 		Country 		
4. FEI Number 161664025				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent DELGUERCIO, ANGEL CATRIEL 10275 COLLINS AVE, APT 319 BAL HARBOR, FL 33154				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/10/05				
FILE NOW!!! FEE IS \$900.00				000047786350 03/07/05--01005--010 ***300.00				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL GUERCIO, ANGEL CATRIEL 10275 COLLINS AVE, APT 319 BAL HARBOR, FL 33154			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/10/05				
				Daytime Phone # (305) 336 9295				