

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000049533

FILED
Apr 13, 2005
Secretary of State

Entity Name: ACD ENTERPRISES USA, CORP.

Current Principal Place of Business:

500 SOUTH POINT DR., #190
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

10275 COLLINS AVE.
APT. 319
BAL HARBOR, FL 33154

New Mailing Address:

FEI Number: 16-1664025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGUERCIO, ANGEL CATRIEL
10275 COLLINS AVE, APT 319
BAL HARBOR, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL GUERCIO, ANGEL CATRIEL
Address: 10275 COLLINS AVE, APT 319
City-St-Zip: BAL HARBOR, FL 33154

Title: VP () Delete
Name: BAILEY, ADELAIDA C VP
Address: 500 SOUTH POINT DR # 190
City-St-Zip: MIAMI BEACH, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HERRERA, DULCINEA B
Address: 500 SOUTH POINT DR # 190
City-St-Zip: MIAMI BEACH, FL 33154

Title: T () Change (X) Addition
Name: GENTILE, ROSA B
Address: 500 SOUTH POINT DR # 190
City-St-Zip: MIAMI BEACH, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL GUERCIO, ANGEL C

PD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date