


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90011 048 ***150.00

DOCUMENT # P03000086832 1. Entity Name ACOUSTICAL INTERNATIONAL, CORP.			
Principal Place of Business 5011 S STATE ROAD 7 #104 DAVIE, FL 33314		Mailing Address 5011 S STATE ROAD 7 #104 DAVIE, FL 33314	
2. Principal Place of Business 8418 N.W. 61 st.		3. Mailing Address Same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami Florida		City & State 	
Zip 33166		Country USA	
4. FEI Number 20-0138869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, YOANI A 16560 SW 85 LANE MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Yoani Fernandez Street Address (P.O. Box Number is Not Acceptable) 7400 S.W. 30 terrace City Miami FL Zip Code 33155	
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. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FERNANDEZ, YOANI A 16560 SW 85 LANE MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, YOANI 7400 S.W. 30 terr. MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date _____ Daytime Phone # _____</small>			