2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90363 021 ***150.00

DOCUMENT # P03000146749 1. Entity Name AC MANUFACTURING CORP.						04-30-20	J4 J0303 (<i>J</i> 21	130.00
Principal Place	e of Business	Mailing Address	Mailing Address						
407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL 33139		407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL 33139			:				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272004	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. El Numb	-0909	577	/ /	plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		3.75 Add e Required	
	- 6Name and Address of Curren	7. Name and Address of New Registered Agent							
FELDMAN, PAUL ESQ.				Street Address (P.O. Box Number is Not Acceptable)					
407 LINCO MIAMI BEA			Street Address	(P.O. Box Numb	er is Not Acceptable)			
				City		<u>.</u> .	FL	Zip Code	-
8. The above	named entity submits this statement	for the purpose of changing its	régistere	ed office or registr	ered agent, or bo	oth, in the State of Flo		niliar with.	and accept
	ions of registered agent.	or the purpose of ortaligning he	, regioto.	54 611100 G1 10 9 100	ored again, c. se		1 0011 101		and doop.
SIGNATURE	Signature, typed or printed name of registered age	nt and title il applicable, (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa .00 Trust Fund Conf			5.00 May Be	· ·			
10.	OFFICERS AN	O DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	CERS AND D	RECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, NANCY 407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL. 33139	☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBERSTEIN, DORIS 407 LINCOLN ROAD, STE. 701 MIAMI BEACH, FL 33139	☐ Delete		į.] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	i			[Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		1				_ Change	Addition
Indicated	certify that the information supplied w i on this report or supplemental report poration or the receiver or trustee em , or on an attack of the with an address	is true and accurate and that	my signa	ture shall have th	e same legal effe	ct as if made und	outher certificath, Sig	18.0	Block-11-if
Cidital		R PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		696	Dayi	time Phone #	