

**FOR PROFIT CORPORATION
2005 UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 05, 2006 8:00 am
Secretary of State**

04-05-2006 90156 035 ***150.00

| |
|----------------------------------|
| DOCUMENT # P04000014545 |
| 1. Entity Name |
| Accurate Cubicle Connectors Inc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business 2801 Buttonwood Avenue Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Miramar, FL | | City & State | |
| Zip 33025 | Country | Zip | Country |

50009290

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| | | | |
|---|--|--|--|
| 4. FEI Number 51-0496622 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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| | |
|--|-------------|
| 7. Name and Address of Current 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Ricardo Barcena 2801 Buttonwood Avenue Miramar, FL 33025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Ricardo Barcena, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #