

2007 FOR PROFIT CORPORATION ANNUAL REPORT


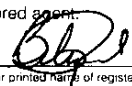
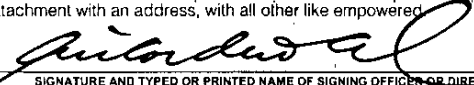
FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 005 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000097760					
1. Entity Name ACC STUDIO SOUTH BEACH, INC.					
Principal Place of Business 800 DOUGLAS RD STE 580 CORAL GABLES, FL 33134			Mailing Address 800 DOUGLAS RD STE 580 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 806 Douglas Road			3. Mailing Address 806 Douglas Road		
Suite, Apt. #, etc. Suite 580			Suite, Apt. #, etc. Suite 580		
City & State Coral Gables, FL			City & State Coral Gables, FL		
Zip 33134	Country US	Zip 33134	Country US	4. FEI Number 20-1428236	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REREGISTERED AGENT CORPORATE SERVICES INC 800 DOUGLAS RD STE 580 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 806 DOUGLAS ROAD City SAME 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  DATE 1/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 CASAL, ALI C 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 <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	VP D KAUFMAN, IVAN A C/O 2121 PONCE DE LEON BLVD #330 CORAL GABLES, FL 33134 <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	T OSWALDO, RIVERO 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: 			Date 4/18/07 Daytime Phone # 305 5744270		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					