
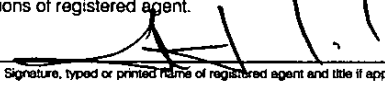


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

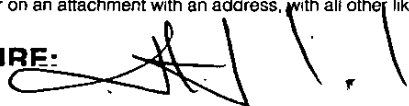
**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90070 004 \*\*\*150.00

<b>DOCUMENT # P04000106000</b> 1. Entity Name <b>ACI HOLDINGS, CORP.</b>			
Principal Place of Business <b>717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134</b>		Mailing Address <b>717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>3630 JUSTISON RD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 145396</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33133</b>		Zip <b>33114-5396</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1593577</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PORTELA, RAMON 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>PORTELA, RAMON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3630 JUSTISON RD.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33133</b>	
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 		<b>RAMON PORTELA</b> (NOTE: Registered Agent signature required when reinstating)	
DATE <b>4-6-05</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTELA, RAMON</b> <b>717 PONCE DE LEON BLVD., STE. 230</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTELA, RAMON</b> <b>3630 JUSTISON RD.</b> <b>MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTELA, ADRIANA</b> <b>717 PONCE DE LEON BLVD., STE. 230</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>PORTELA, ADRIANA</b> <b>3630 JUSTISON RD.</b> <b>MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



**RAMON PORTELA**

**4/6/05 305-740-0962**