

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90009 001 \*\*\*158.75

**DOCUMENT # P05000015238**

1. Entity Name  
ACAI CONSTRUCTION SERVICES, INC.



Principal Place of Business

2937 W. CYPRESS CREEK ROAD  
#200

FORT LAUDERDALE, FL 33309 US

Mailing Address

2937 W. CYPRESS CREEK ROAD  
#200

FORT LAUDERDALE, FL 33309 US



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0020223-20-2250148 Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

COTILLA, ADOLFO  
2937 W. CYPRESS CREEK ROAD  
#200  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COTILLA, ADOLFO  
STREET ADDRESS 2937 W. CYPRESS CREEK ROAD, SUITE 200  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE STD  
NAME COTILLA, ADOLFO  
STREET ADDRESS 2937 W. CYPRESS CREEK ROAD, SUITE 200  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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NAME  
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Adolfo Cotilla, President* 1/12/08 954/494-4000