2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000070266

Entity Name: ACERTANT TECHNOLOGIES, INC.

Current Principal Place of Business:

1172 SOUTH DIXIE HWY
#613
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1172 SOUTH DIXIE HWY
#613
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-2844743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENDEZ, MANUEL E D
6201 SW 75 AVE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MENENDEZ, MANUEL E
Address: 6201 SW 75 AVE
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: DE SOTO, JOAQUIN H
Address: 8230 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: D ( ) Delete
Name: MIRANDA, JORGE F
Address: 329 RIDGEWOOD ROAD
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: CRAWFORD, ROBERT B
Address: 15884 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL MENENDEZ D 04/30/2009

Electronic Signature of Signing Officer or Director Date