2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006883

Entity Name: ACI EVERGLADES, INC.

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 11, 2007 Secretary of State

Current Principal Place	New Princ	New Principal Place of Business:			
C/O OZZIE A. SCHINDLER, ESQ. 1221 BRICKELL AVENUE MIAMI, FL 33131		SUITE 900	19950 W. COUNTRY CLUB DRIVE SUITE 900 AVENTURA, FL 33180		
Current Mailing Addres	New Mailii	New Mailing Address:			
C/O OZZIE A. SCHINDLER, ESQ. 1221 BRICKELL AVENUE MIAMI, FL 33131		SUITE 900	19950 W. COUNTRY CLUB DRIVE SUITE 900 AVENTURA, FL 33180		
FEI Number: 20-4416920	FEI Number Applied For () FE	I Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK SUITE 4 WESTON, FL 33331 US	1200 S. PIN	CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US			
The above named entity sin the State of Florida.	submits this statement for the purpo	se of changing it	s registered off	ice or registered agent, or both,	
SIGNATURE: MADONN	CORP	RP 04/11/2007			
Electron		Date			
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIREC	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: () Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	CABABIE, ELIAS	Change (X) Addition FRY CLUB DRIVE, SUITE 900 33180	
Title: () Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	CABABIE, JACOE	FRY CLUB DRIVE, SUITE 900	
Title: () Name: Address:	Delete	Title: Name: Address:	CABABIE, JACOE	Change (X) Addition BO FRY CLUB DRIVE, SUITE 900	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

AVENTURA, FL 33180

CABABIE, ABRAHAM

AVENTURA, FL 33180

() Change (X) Addition

19950 W. COUNTRY CLUB DRIVE, SUITE 900

TD

SIGNATURE: JACOBO CABABIE VP 04/11/2007