

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010457

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: AC CAPITAL CONSTRUCTION CORP

## Current Principal Place of Business:

9221 SW 138 PLACE  
MIAMI, FL 33186

## New Principal Place of Business:

14629 SW 104 ST  
214  
MIAMI, FL 33186

## Current Mailing Address:

9221 SW 138 PLACE  
MIAMI, FL 33186

## New Mailing Address:

14629 SW 104 ST  
214  
MIAMI, FL 33186

FEI Number: 20-4176403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMINO, ALEXIS J  
9221 SW 138 PLACE  
MIAMI, FL 33186 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: P ( ) Delete  
Name: CAMINO, ALEXIS J  
Address: 9221 SW 138 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHICOMA, SYLVIA  
Address: 14629 SW 104 ST SUITE # 214  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Change (X) Addition  
Name: CAMINO, ALEXIS J  
Address: 10421 SW 157 PL SUITE # 201  
City-St-Zip: MIAMI, FL 33196

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: SYLVIA CHICOMA

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date