2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90073 001 ***300.00

DOCUMENT # P06000033002

1. Entity Name
American Competition Warehouse, Inc.

DO NOT WRITE IN THIS SPACE

66012136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14395 S.W. 139th Ct.	14395 S.W. 139th Ct.
Suite, Apt. #, etc.: Unit 109	Suite, Apt. #, etc.: Unit 109
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 20-4441315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable): 7300 N.W. 19th St.
Suite 101
City: Miami FL Zip Code: 33125-1222

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/S/T	TITLE	
NAME	Rodriguez, Andres E.	NAME	
STREET ADDRESS	14395 S.W. 139th Ct., Unit 109	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

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 an an attachment with an address, with all other like empowered.

SIGNATURE: _____ Andres E. Rodriguez 4/11/07 305-251-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1