FILED
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90053 007 ***150.00

66005489

01032007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000068061

1. Entity Name
AC HOLDINGS 2006, INC.

Principal Place of Business	Mailing Address
407 LINCOLN RD., STE. 502 MIAMI BEACH, FL 33139	407 LINCOLN RD., STE. 502 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4917481 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146	Name: MURAI WALD AND BIONDO Street Address (P.O. Box Number is Not Acceptable): 2 ALHAMBRA PLAZA PENTHOUSE 1B City: CORAL GABLES FL Zip Code: 33134

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUADO, ISIDRO 407 LINCOLN RD., STE. 502 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TORRES, ANGEL 407 LINCOLN RD., STE. 502 MIAMI BEACH, FL 33139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VSD TORRES ANGEL E 407 LINCOLN RD # 502 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUADO, MIGUEL 407 LINCOLN RD., STE. 502 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 2/20/07 (305) 672-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #