

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102803

FILED
Apr 29, 2007
Secretary of State

Entity Name: ACA EDUCATIONAL TOURS & SERVICES, CO.

Current Principal Place of Business:

13514 NE 24TH CT
MIAMI, FL 33181

New Principal Place of Business:

902 NE 209TH STREET
APT. # 103
MIAMI, FL 33179 US

Current Mailing Address:

13514 NE 24TH CT
MIAMI, FL 33181

New Mailing Address:

902 NE 209TH STREET
APT. # 103
MIAMI, FL 33179 US

FEI Number: 20-5344679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUENTES, ADRIANA
902 NE 209TH STREET
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

FUENTES, ADRIANA
902 NE 209TH STREET
APT. # 103
MIAMI, FL 33179 US

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:

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUENTES, ADRIANA
Address: 902 NE 209TH STREET
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Delete
Name: MUÑOZ, AURA F
Address: 13514 NE 24TH CT
City-St-Zip: MIAMI, FL 33181

Title: SEC (X) Delete
Name: AVILES, CARMEN
Address: 510 N. BISCAYNE RIVER DR.
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: FUENTES, ADRIANA
Address: 902 NE 209TH STREET
City-St-Zip: MIAMI, FL 33179 US

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: ADRIANA FUENTES

PST

04/29/2007

Electronic Signature of Signing Officer or Director

Date