2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130090

DORAL, FL 33178

City-St-Zip:

Entity Name: ACEROS DE AMERICA, INC.

FILED Apr 14, 2009 Secretary of State

| • | | · · · · · · · · · · · · · · · · | | | |
|--------------------------------------------------------------|----------------------------------------------|-------------------------------------|----------------------------------------------------------|---------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 5945 NW ⁷ DORAL, F | | | 11091 NW 27 ST 214 DORAL, FL 33172 | 214 | |
| Current M | lailing Add | ress: | New Mailing Address | New Mailing Address: | |
| 5945 NW ⁷ DORAL, F | | | 11091 NW 27 ST 214 DORAL, FL 33172 | | |
| FEI Number: | : 20-8885631 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address o | f Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| MARTINEZ, ENOC S 6834 NW 113 PL MIAMI, FL, FL 33178 US | | | MARTINEZ, ENOC S 6834 NW 113 PL MIAMI, FL 33178 US | 6834 NW 113 PL | |
| | e named enti e of Florida. | ty submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: ENOC | MARTINEZ | | 04/14/2009 | |
| | Elect | ronic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Finan | cing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P MARTINEZ, 6834 NW 11 MIAMI, FL 3 | 3 PL | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP MARTINEZ, 6834 NW 11 MIAMI, FL 3 | 3 PL | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S MARTINEZ, 6834 NW 11 MIAMI, FL 3 | 3 PL | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D BOHORQUE 5945 NW 10 | * | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: ENOC MARTINEZ PRES 04/14/2009