## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000130398

Entity Name: ACIM SERVICES INC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2823 N COURSE DR 2141 NW 34 TER

#105 COCONUT CREEK, FL 33066

POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

2823 N COURSE DR 2141 NW 34 TER

#105 COCONUT CREEK, FL 33066 POMPANO BEACH, FL 33069

FEI Number: 20-5708688 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHESON, ADAM P
2823 N COURSE DR
2141 NW 34 TER
2000 NUT OREFIX EL 2000 LL

05 COCONUT CREEK, FL 33066 US

POMPANO BEACH, FL 33069 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: ADAM MATHESON 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MATHESON, ADAM
 Name:
 MATHESON, ADAM

 Address:
 2823 N COURSE DR #105
 Address:
 2141 NW 34 TER

City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: COCONUT CREEK, FL 33066 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 COMESCANHA, ANA C
 Name:
 COMESCANHA, ANA C

 Address:
 2823 N COURSE DR # 105
 Address:
 2141 NW 34 TER

City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: COCONUT CREEK, FL 33066 US

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: ADAM MATHESON PRES 04/21/2009

Electronic Signature of Signing Officer or Director

Date