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May 22, 2008 8:00 am
Secretary of State
05-22-2008 90020 031 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000130432

1. Entity Name
ACCACIA - ACCOUNTANTS & CONSULTANTS, INTERNATIONAL ASSOCIATION, INC.

60043470

Principal Place of Business	Mailing Address
C/O MONOHAN, 4000 PONCE DE LEON BLVD SUITE 470 #5 CORAL GABLES, FL 33146	C/O MONOHAN, 4000 PONCE DE LEON BLVD SUITE 470 #5 CORAL GABLES, FL 33146

04162008 Chg-P CR2E034 (12/06)

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 20-8037420 ☐ 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
MONAHAN, ROARK R CPA 4000 PONCE DE LEON BLVD STE 470 OFFICE #5 CORAL GABLES, FL 33146	Name: Monahan, Roark CPA Street Address (P.O. Box Number is Not Acceptable) 4000 Ponce de Leon Blvd Ste 470 Office # 13 City: Coral Gables FL Zip Code: 33146

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008.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	D LOCATELI, JOBELINO AV. BERNANDINO DE CAMPOS, 98 SOBRELOJA SAO PALO (CEP 044004-040), SP 044004040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONAHAN, ROARK R TORRE LA PREVISORA, P. 10, AV. LAS ACACIAS SABANA GRANDE, CARACAS, DF 1050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, ROBERTO EXPERTISE COMPRABLE 1, RUE VOLNEY PARIS, FR 75002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALAMANCA, VICTOR JR. C/ FERNANDO EL SANTO 15, 2 MADRID, MD 28010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAGLE, BENITO BOSQUE DE CIRUELOS 180 PLANTA PRINCIPAL BOSQUES DE LAS LOMAS, DF 11700	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAINAUER, MICHAEL PAUL-GERNARDT-ALLEE 48 D-81245 MUNICH, GE D-81245	☐ 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: _____ 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #