

2008

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 30, 2008 8:00 am
Secretary of State**

05-30-2008 90221 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P07000012549					
1. Entity Name American Closets & Accessories, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 16802 S.W. 86th Ave. Suite, Apt. #, etc.			3. Mailing Address 16802 S.W. 86th Ave. Suite, Apt. #, etc.		
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		4. FEI Number 20-8343821	
Zip 33157-4622	Country USA	Zip 33157-4622	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Alvarado, Aura L.	
				Street Address (P.O. Box Number is Not Acceptable) 16802 S.W. 86th Ave.	
				City Palmetto Bay	
				FL Zip Code 33157-4622	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Alvarado, Aura L. 16802 S.W. 86th Ave. Palmetto Bay, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Aura L. Alvarado</i></u>			305-987-5902		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034B (12/02)