2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P07000057624

Entity Name: ACM OFFICE EQUIPMENT DEPOT, INC.

Current Principal Place of Business:

2032 EAST BEARSS AVENUE #812
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

2032 EAST BEARSS AVENUE #812
TAMPA, FL 33613

New Mailing Address:

FEI Number: 22-3964231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ADESHINA, ADEWALE
2032 E BEARSS AVENUE
APT 812
TAMPA, FL 33613 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: ADEWALE ADESHINA 01/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADESHINA, ADEWALE
Address: 2032 EAST BEARSS AVENUE #812
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete
Name: LENTO, CHRIS
Address: 2032 EAST BEARSS AVENUE #812
City-St-Zip: TAMPA, FL 33613

Title: S (X) Delete
Name: ADESHINA, BOLA
Address: 2032 EAST BEARSS AVENUE #812
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ADESHINA, BOLA
Address: 2032 EAST BEARSS AVENUE #812
City-St-Zip: TAMPA, FL 33613

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: ADEWALE ADESHINA PD 01/21/2008
Electronic Signature of Signing Officer or Director Date