

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088684

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ACLER INC.

**Current Principal Place of Business:**

5565 MUIRFIELD VILLAGE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

5565 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5565 MUIRFIELD VILLAGE  
LAKE WORTH, FL 33463

**New Mailing Address:**

5565 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH, FL 33463

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MACINTER CORPORATION  
8405 SW 56 AVE  
OCALA, FL 34476    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            PD            ( ) Delete  
Name:            LEMA, ALVARO PD  
Address:        5565 MUIRFIELD VILLAGE  
City-St-Zip:    LAKE WORTH, FL 33463

Title:            VD            ( ) Delete  
Name:            RODRIGUEZ, KAREN O VD  
Address:        5565 MUIRFIELD VILLAGE  
City-St-Zip:    LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PD            (X) Change ( ) Addition  
Name:            LEMA, ALVARO PD  
Address:        5565 MUIRFIELD VILLAGE CIRCLE  
City-St-Zip:    LAKE WORTH, FL 33463

Title:            VD            (X) Change ( ) Addition  
Name:            RODRIGUEZ, KAREN O VD  
Address:        5565 MUIRFIELD VILLAGE CIRCLE  
City-St-Zip:    LAKE WORTH, FL 33463

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: ALVARO LEMA

PD

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date