2009

FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
09 JUN 25 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000103248

1. Entity Name: ACONCHEGO INC.

Principal Place of Business / Mailing Address:
117 S.E. 2nd St.
Miami, Fl. Zip. 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
117 S.E. 2nd St.	SAME
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State
Zip: 33131 Country: U.S.A.	Zip Country

4. FEI Number: 80-0307291 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEBASTIAN ALVES RODRIGUEZ
117 S.E. 2nd St.
Miami, Fl. Zip. 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $150.00
Due by May 1, 20009

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President. Sebastian Alves Rodoriguez 117 S.E. 2nd St. Miami Fl. 33131	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800157775038 06/25/09--01036--001 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: X Sebastian R Alves PRESIDENT 06/19/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #