

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91428 040 \*\*\*150.00

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DOCUMENT #

P96000023475

1. Entity Name

ACRO INTERNATIONAL CORP.

Principal Place of Business

6993 NORTH WEST 50 STREET  
MIAMI FL 33166

Mailing Address

6993 NORTH WEST 50 STREET  
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0649935

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PAUL E  
6993 NORTH WEST 50 STREET  
MIAMI FL 33166

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

PTD

RODRIGUEZ, PAUL E

520 N.W. 132ND AVENUE

MIAMI FL 33182

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

RODRIGUEZ, ORLANDO

520 N.W. 132ND AVENUE

MIAMI FL 33182

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

RODRIGUEZ, SHIRLEY I

520 N.W. 132ND AVENUE

MIAMI FL 33182

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/03

(305)592-8425