

2007 FOR PROFIT CORPORATION ANNUAL REPORT


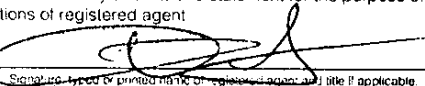
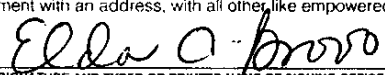
FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90013 019 ***150.00

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03122007 Chg-P CR2E034 (12/06)

DOCUMENT # P96000034320					
1. Entity Name ACA FILMS, INC.					
Principal Place of Business 3427 MAIN HWY MIAMI, FL 33133 US			Mailing Address 3427 MAIN HWY MIAMI, FL 33133 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0666398	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIPON, DAVID E 1541 BRICKELL AVE. APT B503 MIAMI, FL 33129				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  DATE 3/16/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAVO, ELDA C		NAME	4430 INGRAHAM HWY	
STREET ADDRESS	260 CRANDON BLVD., STE 32-451		STREET ADDRESS	CORAL GABLES, FL 33133	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIELMA, ELDA C		NAME	1541 BRICKELL AVE # B503	
STREET ADDRESS	260 CRANDON BLVD., STE 32-451		STREET ADDRESS	MIAMI, FL 33129	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Vice President DATE 3/16/2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					