## **2006 FOR PROFIT CORPORATION**

ANNUAL REPUBLI (AN)	· · · · · · · · · · · · · · · · · · ·	Mar 21, 2006 8:00 am
DOCUMENT # P98000067935  1. Entity Name  ACCT, INC.		Secretary of State 03-21-2006 90032 027 ***158.75
		. `
Principal Place of Business  1111 BRICKELL BAY DRIVE SUITE # 1711 MIAMI FL 33131  MIAMI FL 33131  MIAMI FL 33131  MIAMI FL 33131	. / >	
2. Principal Place May Push to Dr. 3. Mailing Address / 200 Seleth Pa	rente De. APT	621
Suite, Apt. #, etc. Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
Miles State Beach The Miles State Beach	•	4. FEI Number 65-0868354 Applied For Not Applicable
753/39 Country Zip FL	Country 139	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	Name—	7. Name and Address of New Registered Agent
COLOSIMO, ARMANDO 1111 BRICKELL BAY DRIVE SUITE # 1711 MIAMI FL 83131		P.O. Box Number is Not Acceptable)
	, i	FL
The above named entity submits this statement for the purpose of changing its registered agent.	egistered office or register	red agent, or both, in the State of Florida/ I am/tamiliar with, and accept
SIGNATURE	Prezio Registared Agent signaturu required	d when (cristaling) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing S5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD Defete  NAME COLOSIMO, ARMANDO  STREET ADDRESS 11111 BRICKET BAY DRIVE  CITY-ST-ZIP MIAMUFT 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DESIND ARMANDO Defiange Addition of South Painte DR. 605 1AMI Beach FL 33139
TIFLE NAME STREET ADDRESS CHY-ST-ZIP	THLE NAME STREET ADDRESS CITY-ST-ZIP	The Adicion Change Addition
TITLE Delicte NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	☐ Ctrange ☐ Anddilingn
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
IIILE  NAME  STREET ADDRESS  CITY-ST-7IP	THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
HITE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for	r the exemptions contains	ed in Section 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 of tiustee 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 appether IKC empowered. 6 36 7854268

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimo Phone #