


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000083809</b> 1. Entity Name <b>ACMA ENTERPRISES, INC.</b>	
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Principal Place of Business <b>4141 BAYSHORE BLVD. #904 TAMPA, FL 33611</b>	Mailing Address <b>4141 BAYSHORE BLVD. #904 TAMPA, FL 33611</b>
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04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3671516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BUSCO, GISELA 4141 BAYSHORE BLVD. #904 TAMPA, FL 33611</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CESAR BUSCO, ANTONIO 4141 BAYSHORE BLVD. #904 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIA BAYON DE BUSCO, COLINA 4141 BAYSHORE BLVD. #904 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSCO, CELINA GISELA 4141 BAYSHORE BLVD. #904 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LIA BUSCO BAYON, MARTA 4141 BAYSHORE BLD #904 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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, without other like empowered.

**SIGNATURE:** *[Signature]* Director 04/19/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #