

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000091942

1. Entity Name
AC2M INVESTMENT CORP.



Principal Place of Business

**13200 SW 70TH AVE
MIAMI, FL 33156**

Mailing Address

**13200 SW 70TH AVE
MIAMI, FL 33156 US**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877801	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PIEDRAHITA, ALVARO J
13200 SW 70TH AVE
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIEDRAHITA, ALVARO
STREET ADDRESS	13200 SW 70 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	CALAS, CESAR
STREET ADDRESS	1580 N ROYAL POINCIANA BLVD
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	D
NAME	MILLER, MICHAEL K
STREET ADDRESS	2111 NOVA VILLAGE DR
CITY-ST-ZIP	DAVIE, FL 33317
TITLE	D
NAME	VALLE, MARIANO O
STREET ADDRESS	8380 NW 166 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #