


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

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| DOCUMENT # P99000004319 1. Entity Name ACSONS CORP. |  |
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| Principal Place of Business 980 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33432 | Mailing Address 980 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33432 |
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02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 58-2506676 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

COMPARATO, ANTHONY
980 NORTH FEDERAL HIGHWAY #400
BOCA RATON, FL 33432

**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 reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000891101
04/23/08-20012-001 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP COMPARATO, ANTHONY 980 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33432 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33432 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COMPARATO, THOMAS 980 NORTH FEDERAL HIGHWAY #400 BOCA RATON, FL 33432 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMPARATO, ROBERT 980 NORTH FEDERAL HWY 400 BOCA RATON, FL 33432 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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: A. Comparato A. Comparato - 4-7-08-561-391-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #