


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90047 012 ***150.00

DOCUMENT # P99000078558	
1. Entity Name ACEVEDO SERVICES, INC.	

Principal Place of Business 12500 SW 130TH ST. BAY #17 MIAMI, FL 33186	Mailing Address 12500 SW 130TH ST. BAY #17 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0947490	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 ACEVEDO, MIGUEL 12500 SW 130TH ST. BAY #17 MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEVEDO, MIGUEL 11241 SW 33 CIRCLE PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACEVEDO, PATRICIA D 11247 SW 33 CIRCLE PLACE MIAMI, FL 33165
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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 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 # _____