


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90088 036 \*\*\*150.00

|   |                    |                                 |   |   |  |
|---|--------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # S67154</b>  |                    |                                 |   |  |  |
| 1. Entity Name<br><b>ACARRI, CORP.</b>  |                    |                                 |   |   |  |
| Principal Place of Business<br><b>3520 SW 60TH COURT<br/>MIAMI FL 33155</b>   |                    |                                 | Mailing Address<br><b>3520 SW 60TH COURT<br/>MIAMI FL 33155</b> |   |  |
| 2. Principal Place of Business  |                    |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                    |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |                    |                                 | City & State  |   |  |
| Zip   | Country            | Zip                             | Country   | 4. FEI Number <b>65-0409087</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                    |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>ACOSTA, MELBA<br/>6725 SW 21ST STREET<br/>MIAMI FL 33155-1733</b>   |                    |                                 |   | 7. Name and Address of New Registered Agent                                       |  |
| Name  |                    |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City  |                    |                                 |   | FL Zip Code   |  |
| 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 _____   |                    |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                    |                                 |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |  |
| TITLE   | P                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | ACOSTA, ROBERTO    |                                 | NAME  |   |  |
| STREET ADDRESS  | 6725 S.W. 21ST ST. |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL 33155     |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | VT                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | ACOSTA, MELBA      |                                 | NAME  |   |  |
| STREET ADDRESS  | 6725 S.W. 21ST ST. |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL           |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                    |                                 | NAME  |   |  |
| STREET ADDRESS  |                    |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                    |                                 | NAME  |   |  |
| STREET ADDRESS  |                    |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                    |                                 | NAME  |   |  |
| STREET ADDRESS  |                    |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |                                 | CITY-ST-ZIP   |   |  |
| TITLE   |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                    |                                 | NAME  |   |  |
| STREET ADDRESS  |                    |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                    |                                 | CITY-ST-ZIP   |   |  |



MOORE CR2E034 (11/03)

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, with all other like empowered.

**SIGNATURE:** Melba Acosta  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #