


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90349 027 \*\*\*150.00

**DOCUMENT # F06000002587**

1. Entity Name  
**ACS INFRASTRUCTURE DEVELOPMENT, INC.**



Principal Place of Business  
**201 ALHAMBRA CIR STE 804  
 CORAL GABLES, FL 33134**

Mailing Address  
**201 ALHAMBRA CIR STE 804  
 CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #  
**2 ALHAMBRA PLAZA**

3. Mailing Address  
**2 ALHAMBRA PLAZA**


Suite, Apt. #, etc.  
**Suite, 660**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country  
**USA**



04252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

4. FEI Number  
**20-4677593**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

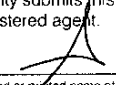
Name  
**ANGEL MURIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**2 ALHAMBRA PLAZA**

City  
**CORAL GABLES, FL**

Zip Code  
**33134**

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:  **April 25<sup>th</sup>, 2008**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	BUEY, MANUAL G	
STREET ADDRESS	201 ALHAMBRA CIR STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAFUENTE, FRANCISO J	
STREET ADDRESS	201 ALHAMBRA CIR STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, VICTOR R	
STREET ADDRESS	201 ALHAMBRA CIR STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLANCO, NIEVES	
STREET ADDRESS	201 ALBAMBRA CIR STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	C	<input type="checkbox"/> Delete
NAME	CASES, JUAN S	
STREET ADDRESS	201 ALHAMBRA CIR STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	C	<input type="checkbox"/> Delete
NAME	MURIEL, ANGEL	
STREET ADDRESS	201 ALHAMBRA CIRCLE STE 804	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **April 25<sup>th</sup>, 2008** (305) 423 7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #