
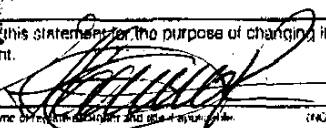
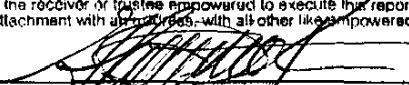


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 020 \*\*\*185.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000010457			
1. Entity Name AC CAPITAL CONSTRUCTION CORP			
Principal Place of Business 14629 SW 104 ST 214 MIAMI, FL 33186		Mailing Address 13727 SW 152ND STREET, #349 MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box # 12952 SW 133th. Ct.		3. Mailing Address	
Suite, Apt. #, etc. A		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33186	Country Miami-Dade	Zip	Country
8. Name and Address of Current Registered Agent MURPHREE, GARY M ESQ. 142A BEACOM BLVD MIAMI, FL 33135		7. Name and Address of New Registered Agent Name CAMINO, ALEXIS J. Street Address (P.O. Box Number is Not Acceptable) 12952 SW 133th. Ct. Suite A City Miami, FL Zip Code 33186	
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 		4/28/08 DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMINO, ALEXIS J 10421 SW 157 PL SUITE # 201 MIAMI, FL 33198 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YATES, GLORIA 14629 SW 104 ST MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YATES, GLORIA 13727 SW 152nd. St. #349 Miami, FL 33177 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FIGUEROA, CRISTIAN 14629 SW 104 ST MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FIGUEROA, CRISTIAN 10500 SW 155th. Court, Apt. 1014 Miami, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CAMINO, ALEXIS J JR. 14629 SW 104 ST MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CAMINO, ALEXIS, J., Jr. 10500 SW 155th. Court, Apt. 1014 Miami, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 all other officers, with all other like empowered.			
SIGNATURE: 		4/28/08 786-999-8367	
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date Printing Phone #	

40092207



04272008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4176403 Applied For Not Applicable

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