

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063883

Entity Name: A.C.C.S. ENTERPRISES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

539 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

New Principal Place of Business:

587 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

Current Mailing Address:

1009 NW 132ND AVE
SUNRISE, FL 33323

New Mailing Address:

587 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

FEI Number: 65-0530069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAIZIN, SCOTT D
1009 NW 132 AVE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DRAIZIN, SCOTT D
Address: 1009 NW 132 AVE
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: DRAIZIN, TODD E
Address: 1017 NW 132 AVE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD DRAIZIN

VP

04/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date