

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 025 ***150.00

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DOCUMENT # P02000133778

1. Entity Name
ACEGUT, CORP.



Principal Place of Business
**1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**



2. Principal Place of Business
**12550 Biscayne Blvd
Suite, Apt. #, etc.
405**

3. Mailing Address
**12550 Biscayne Blvd
Suite, Apt. #, etc.
405**

CHECK HERE IF MAKING CHANGES

City & State
North Miami, Florida

City & State
North Miami, Florida

Zip
33181

Country
USA

4. FEI Number
35-2194699

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
OSCAR BRISALES

Street Address (P.O. Box Number is Not Acceptable)
12550 Biscayne Blvd (

Suite 405

City
North Miami

State
FL

Zip Code
33181

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 _____ DATE **04/30/2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACERO, LUIS FELIPE CALLE 80 # 10-43 PISO 6, BOGOTA, COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUTIERREZ, NATALIA CALLE 80 # 10-43 PISO 6, BOGOTA, COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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: **Juistepo Acero PSD** DATE: **04/30/2003** (305) 8951313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)