

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000024876

**Entity Name:** ACL, FACILITATOR, INC.

**Current Principal Place of Business:**

2700 CASITA WAY  
101  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2700 CASITA WAY  
101  
DELRAY BEACH, FL 33445

**FEI Number:** 45-0832436

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHN ADAMS MBA-PB, INC.  
8661 NW 24TH STREET  
SUNRISE, FL 33322 US

*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

**Officer/Director Detail :**

Title            P  
Name            LAURIA, ANTHONY C  
Address        2700 CASITA WAY  
City-State-Zip: DEL RAY BEACH FL 33445

Title            VICE PRESIDENT  
Name            LAURIA, ZARE  
Address        2700 CASITA WAY  
                  101  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANTHONY LAURIA

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date