

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000001660

Entity Name: ACMA MANAGEMENT OPERATIONS, INC**Current Principal Place of Business:**3500 FAIRLANE FARMS RD. # 7
WELLINGTON, FL 33414**Current Mailing Address:**3500 FAIRLANE FARMS RD. # 7
WELLINGTON, FL 33414 US**FEI Number:** 83-3106779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAZQUEZ, MARIA C
3500 FAIRLANE FARMS RD. # 7
WELLINGTON, FL 33414 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/D
Name	CAMBIASO, ADOLFO
Address	3500 FAIRLANE FARMS RD. #7
City-State-Zip:	WELLINGTON FL 33414

Title	T
Name	CAMBIASO, ADOLFO
Address	3500 FAIRLANE FARMS RD. #7
City-State-Zip:	WELLINGTON FL 33414

Title	VP/D
Name	VAZQUEZ, MARIA C
Address	3500 FAIRLANE FARMS RD. #7
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	VAZQUEZ, MARIA C
Address	3500 FAIRLANE FARMS RD. #7
City-State-Zip:	WELLINGTON FL 33414

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: MARIA C. VAZQUEZ**SECRETARY****01/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date