


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G74975**  
 1. Entity Name  
**SERVICE ACE CORPORATION**



Principal Place of Business      Mailing Address  
 17121 NE 6TH AVE.      17121 NE 6TH AVE.  
 N. MIAMI BCH., FL 33162 US      N. MIAMI BCH., FL 33162 US

**DO NOT WRITE IN THIS SPACE**



04282004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2339687      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LATIMER, OTTO V J  
 11700 SW 9TH COURT  
 PEMBROKE PINES, FL 33025

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LATIMER, OTTO V. JR.
STREET ADDRESS	11700 SW 9TH COURT
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	ST
NAME	LATIMER, OTTO V. JR.
STREET ADDRESS	11700 SW 9TH COURT
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	VD
NAME	LATIMER, ANN-JOHN
STREET ADDRESS	11700 SW 9TH COURT
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/30/04-80147-004 158.75

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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: *Otto V. Jr. Latimer*      4/28/04      305-653-7998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #