


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2007 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

03122007 No Chg-P CR2E034 (11/05)
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
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 _____ DATE _____
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, 2007 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
STREET ADDRESS	11700 SW 9TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	ST
NAME	LATIMER, OTTO V
STREET ADDRESS	11700 SW 9TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
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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03/27/07-80001-016 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] Date: 3/12/07 Daytime Phone #: 305-653-7998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR