2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State	
DOCUI 1. Entity Nam ACE UNIT					Secretary of State
Principal Plac	e of Business Mai	ling Address		Í	
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MIAMI, FL 3:		NMI, FL 33155 US			
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				02-07107	08 Not Applicable
		}			\$8.75 Additional
		}		5. Certificate of 9	Status Desired Fee Required
	6 Name and Address of Commet Banjets	rad & sent		}	1,00111,0111
6. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY DO NOT WIDITE					
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1201 HAYS STREET TALLAHASSEE, FL 32301					
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8. The above	named entity submits this statement for the pu	rpose of changing its regis	tered office or register	ed agent, or both, i	n the State of Florida, I am familiar with, and accept
the obligations of registered agent.					
SIGNATURE					
0.0.00	Signature, typed or printed name of registered agent and title if	ropildable. (NOTE: Regis	tered Apent signature required	(poinstanier nertwi	DATE
	_ 	-}			
		9 Election Campaign Fi	nancino t £	.00 May Be	;
	E NOW!!! FEE 18 \$150.00	Trust Fund Contribution		ed to Fees	
After M	ay 1, 2006 Fee will be \$550.00	Tractiona Committant	n	CO 10 1 CO3	
10.	OFFICERS AND DIRECT	rors I			
	D	3	1		}
TITLE	l	}			}
NAME	BENGOCHEA, ENRIQUE J	{	1		
STREET ADDRESS	6860 SW 45 LN	· {	· I		
CITY-ST-ZIP	MIAMI, FL 33155	}	1		{
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NAME	BENGOCHEA, MODESTO J	}	3	,	U00000425048 02/18/06-80079-004 150.00
STREET ADDRESS	5940 SW 89TH AVENUE	}		1	D2/18/06-80079-004 15 0.0 0
CUTY-ST-ZIP	MIAMI, FL. 33173	} ;			i de la companya de
					
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STREET ADDRESS		* *	ſ		į
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12. I hereby i	certify that the information supplied with this fill	ng does not qualify for the	exemptions contained	in Chapter 119, F	torida Statutes, I further certify that the information
of the cor	ronation or the receiver or trustee empowered	to execute this report as re	guired by Chapter 607	adine regat enect a 7. Florida Statutes: i	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.					
Modesto Remoched Time					
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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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. **Address** Hodes** To Bengochea** **Contained** To Broad Statutes, and that my name appears in Block 10 or Block 11 if the contained on this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if the contained on this report or supplemental report is true and leave the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if the contained in the receiver or trustee empowered. **SIGNATURE**					