

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 016 ***150.00

DOCUMENT # 273296

1. Entity Name

ACE DRIVEAWAY SYSTEM INC



Principal Place of Business

LARRY LEVY
20165 NE 39 PL, PENTHOUSE 4
AVENTURA FL 33180

Mailing Address

LARRY LEVY
20165 NE 39 PL, PENTHOUSE 4
AVENTURA FL 33180



2. Principal Place of Business - No P.O. Box #

16051 COLLINGS AVE
Suite, Apt. #, etc. 404 FL

3. Mailing Address

16051 COLLINGS AVE
Suite, Apt. #, etc. #404

2nd MOORE

CR2E034 (4/08)

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip 33160

Country USA

Zip 33160

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, LARRY B
20165 NE 39 PL
PENTHOUSE #4
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name LARRY LEVY

Street Address (P.O. Box Number is Not Acceptable)

16051 COLLINGS AVE
#404

City SUNNY ISLES BEACH FL

Zip Code 33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 -
DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME LEVY, LARRY
STREET ADDRESS 20165 NE 39 PL, PENTHOUSE #4
CITY-ST-ZIP AVENTURA FL 33180

TITLE VP ☒ Delete
NAME LEVY, ROBIN
STREET ADDRESS 20165 NE 39 PL PH4
CITY-ST-ZIP AVENTURA FL 33180

TITLE LEV ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LEVY, LARRY
STREET ADDRESS 16051 COLLINGS AVE #404
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE VP ☒ Change ☐ Addition
NAME LEVY, ROBIN
STREET ADDRESS 16051 COLLINGS AVE #404
CITY-ST-ZIP SUNNY ISLES BEACH FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RES 08-08-08 305 9470000

Date

Daytime Phone #