FILED
May 22, 2003 8:00 am
Secretary of State
04-30-2003 90130 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610027

1. Entity Name
ACE MAIDS INC.

DO NOT WRITE IN THIS SPACE

55042905

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2. Principal Place of Business	3. Mailing Address
17027 W. DIXIE HWY.	SAME AS NO. 2
Suite, Apt. #, etc. 126	Suite, Apt. #, etc.
City & State N. MIAMI BEACH	City & State FL.
Zip 33160 Country U.S.A.	Zip Country

4. FEI Number 59-1881670 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ARNOLD LEFKOWITZ
Street Address (P.O. Box Number is Not Acceptable): 17027 W. DIXIE HWY. SUITE 126
City: N. MIAMI 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 _____ 4-28-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	ARNOLD LEFKOWITZ
STREET ADDRESS	17027 W. DIXIE HWY. SUITE 126
CITY-ST-ZIP	N. MIAMI BEACH FL. 33160
TITLE	V. PRES.
NAME	ANN LEFKOWITZ
STREET ADDRESS	17027 W. DIXIE HWY. SUITE 126
CITY-ST-ZIP	N. MIAMI BEACH, FL. 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ - PRES. MAY 19-2003 954-731-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARNOLD LEFKOWITZ

5-19-03 Executed copy enclosed.