


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005994		
1. Entity Name AACE ASSOCIATES, INC.		
Principal Place of Business 445 NORTHERN BOULEVARD GREAT NECK NY 11021-4804		Mailing Address 445 NORTHERN BOULEVARD GREAT NECK NY 11021-4804



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 11-2944924		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TREHERN, LISA 550 NW 108TH AVENUE PEMBROKE PINES FL 33025				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code 33025			

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELETTO, ROBERT			NAME			
STREET ADDRESS	445 NORTHERN BOULEVARD			STREET ADDRESS			
CITY - ST - ZIP	GREAT NECK NY 11021-4804			CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELETTO, JOHN			NAME			
STREET ADDRESS	445 NORTHERN BOULEVARD			STREET ADDRESS			
CITY - ST - ZIP	GREAT NECK NY 11021-4804			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELETTO, JOSEPH			NAME			
STREET ADDRESS	445 NORTHERN BOULEVARD			STREET ADDRESS			
CITY - ST - ZIP	GREAT NECK NY 11021-4804			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLARS, LINDA			NAME			
STREET ADDRESS	445 NORTHERN BOULEVARD			STREET ADDRESS			
CITY - ST - ZIP	GREAT NECK NY 11021-4804			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

John Eletto

2/12/05 (516) 487-3950

Date Daytime Phone #