

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 036 ***150.00

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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**



2. Principal Place of Business
**600 WEST JOHN ST
SUITE 200
HICKSVILLE NY
11801 USA**

3. Mailing Address
**600 WEST JOHN ST
SUITE 200
HICKSVILLE NY
11801 USA**

02092006 Chg-P CR2E034 (11/05)

City & State
HICKSVILLE NY
Zip
11801
Country
USA

City & State
HICKSVILLE NY
Zip
11801
Country
USA

4. FEI Number
11-2944924
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TREHERN, LISA
550 NW 108TH AVENUE
PEMBROKE PINES, FL 33025**

7. Name and Address of New Registered Agent

Name
JOHN J ELETTO
Street Address (P.O. Box Number is Not Acceptable)
2100 S OCEAN BLVD APT 1212
City
FORT LAUDERDALE FL Zip Code
33304

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.

JOHN ELETTO

3/20/06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
VD ☐ Delete
NAME
ELETTO, ROBERT
STREET ADDRESS
445 NORTHERN BOULEVARD
CITY-ST-ZIP
GREAT NECK, NY 110214804

TITLE
PD ☐ Delete
NAME
ELETTO, JOHN
STREET ADDRESS
445 NORTHERN BOULEVARD
CITY-ST-ZIP
GREAT NECK, NY 110214804

TITLE
VD ☐ Delete
NAME
ELETTO, JOSEPH
STREET ADDRESS
445 NORTHERN BOULEVARD
CITY-ST-ZIP
GREAT NECK, NY 110214804

TITLE
SD ☐ Delete
NAME
SELLARS, LINDA
STREET ADDRESS
445 NORTHERN BOULEVARD
CITY-ST-ZIP
GREAT NECK, NY 110214804

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
VD ☒ Change ☐ Addition
NAME
ELETTO, ROBERT
STREET ADDRESS
600 WEST JOHN ST SUITE 200
CITY-ST-ZIP
HICKSVILLE, NY 11801

TITLE
PD ☒ Change ☐ Addition
NAME
ELETTO, JOHN
STREET ADDRESS
600 WEST JOHN ST SUITE 200
CITY-ST-ZIP
HICKSVILLE, NY 11801

TITLE
VD ☒ Change ☐ Addition
NAME
ELETTO, JOSEPH
STREET ADDRESS
600 WEST JOHN ST SUITE 200
CITY-ST-ZIP
HICKSVILLE, NY 11801

TITLE
SD ☒ Change ☐ Addition
NAME
SELLARS, LINDA
STREET ADDRESS
600 WEST JOHN ST SUITE 200
CITY-ST-ZIP
HICKSVILLE, NY 11801

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

3/20/06

Date

516 937-3950

Daytime Phone #