

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F02000005994

1. Entity Name  
AACE ASSOCIATES, INC.



Principal Place of Business  
600 W. JOHN ST  
STE 200  
HICKSVILLE, NY 11801

Mailing Address  
600 W. JOHN ST  
STE 200  
HICKSVILLE, NY 11801



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

ELLETO, JOHN J  
2100 S. OCEAN LN  
APT. 1212  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2008 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
NAME	ELETTO, ROBERT
STREET ADDRESS	600 W. JOHN ST. STE 200
CITY- ST- ZIP	HICKSVILLE, NY 11801
TITLE	PD
NAME	ELETTO, JOHN
STREET ADDRESS	600 W. JOHN ST., STE 200
CITY- ST- ZIP	HICKSVILLE, NY 11801
TITLE	VD
NAME	ELETTO, JOSEPH
STREET ADDRESS	600 W. JOHN ST., STE 200
CITY- ST- ZIP	HICKSVILLE, NY 11801
TITLE	SD
NAME	SELLARS, LINDA
STREET ADDRESS	600 WEST JOHN ST SUITE 200
CITY- ST- ZIP	HICKSVILLE, NY 11801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000845803  
03/18/08-80002-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 full and like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #