2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003810

Entity Name: PACE AMERICAS LIMITED INC.

FILED Apr 17, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
3701 FAU 200 BOCA RAT	BLVD. TON, FL 3343	31			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3701 FAU BLVD.			•		
200		\ <u>.</u>			
BOCA RA	TON, FL 3343	31			
FEI Number:	52-2184120	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address of	New Registered Agent:	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US			515 EAST PARK AVEN	CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CORPDIRECT AGENTS, INC.				04/17/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VALDIVIESO,	JLEVARD SUITE 200	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIXON, ANTHO VICTORIA ROA		Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PULLI, MIKE) Delete JLEVARD SUITE 200 FL 33431	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	D (GAYDON, NEII VICTORIA ROA		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JUAN VALDIVIESO T 04/17/2008

SHIPLEY, WEST YORKSHIRE, UK BD18 3LF

City-St-Zip: