


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G74975</b> 1. Entity Name <b>SERVICE ACE CORPORATION</b>	
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Principal Place of Business <b>17121 NE 6TH AVE. N. MIAMI BCH., FL 33162 US</b>	Mailing Address <b>17121 NE 6TH AVE. N. MIAMI BCH., FL 33162 US</b>
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**DO NOT WRITE IN THIS SPACE**

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2339687</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LATIMER, OTTO V 11700 SW 9TH COURT PEMBROKE PINES, FL 33025</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATIMER, OTTO V 11700 SW 9TH COURT PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LATIMER, OTTO V 11700 SW 9TH COURT PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATIMER, ANN-JOHN 11700 SW 9TH COURT PEMBROKE PINES, FL
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03/27/07-80001-016 158.75

**DO NOT WRITE  
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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:  **Preo -** 3/12/07 305-653-7998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #