


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90022 024 ***150.00

DOCUMENT # K55850		
1. Entity Name ACE AMUSEMENT SERVICE, INC.		

Principal Place of Business 1213 OMAR RD WEST PALM BCH, FL 33405 US	Mailing Address 1213 OMAR RD WEST PALM BCH, FL 33405 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. _____	3. Mailing Address Suite, Apt. #, etc. _____
City & State Zip _____ Country _____	City & State Zip _____ Country _____

40020377



02042008 - Chg-P - CR2E034 (12/06)

6. Name and Address of Current Registered Agent SOLOMON, J.C. 5155 WHITEWOOD WAY LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____ State FL Zip Code _____	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, CALVIN 8141 A BRIDGEWATER COURT WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, JAMES C JR 5155 WHITEWOOD WAY LAKE WORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  **James C Solomon Jr.** 2/5/08 514-4976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #