2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 14, 2004 8:00 am
Secretary of State

02-12-2004 90116 047 ****50.00

DOCUMENT # L03000010784

1. Entity Name

ACE HYDRAULICS, LLC

34006204

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
PO BOX 0782 PEMBROKE PINES FL 33026 US	PO BOX 0782 PEMBROKE PINES FL 33026 US
2. Principal Place of Business: P.O. Box 0782	3. Mailing Address: PO Box 0782
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines Fl.	City & State: Pembroke Pin Fl.
Zip: 33026 Country: US	Zip: 33026 Country: US

4. FEI Number: 84-0611578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BABICE, RONALD A 1417 CAPRI LANE 3811 WESTON FL 33326	Name: BABICE Ronald A Street Address (P.O. Box Number is Not Acceptable): 3846 W. Gardenia Ave City: WESTON FL Zip Code: 33326

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President / Ronald Babice / P.O. Box 0782 / Pembroke Pines Fl. 33026~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER / Ronald Babice / 3846 W. Gardenia Ave / Weston Fl. 33332 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BABICE Ronald A / 1417 CAPRI LANE # 3811 / WESTON Fl. 33326 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ronald Babice 2-8-04 954 444-4219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #