

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088824

Entity Name: ACE PRODUCTS OF MIAMI, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

3557 N.W. 31 STREET
MIAMI, FL 33142

New Principal Place of Business:

7911 N.W. 72 AV
224
MIAMI, FL 33166

Current Mailing Address:

3557 N.W. 31 STREET
MIAMI, FL 33142

New Mailing Address:

7911 N.W. 72 AV
224
MIAMI, FL 33166

FEI Number: 39-2062254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, ANTONIO J
3557 NW 31 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

QUINONES, ANTONIO J
7911 NW 72 AV
224
MIAMI, FL 33166 US

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.

SIGNATURE:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUINONES, ANTONIO J
Address: 3557 N.W. 31 STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: QUINONES, IRIS M
Address: 3557 NW 31 STREET
City-St-Zip: MIAMI, FL 33142 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUINONES, ANTONIO J
Address: 7911 NW 72 AV
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: QUINONES, IRIS M
Address: 7911 NW 72 AV
City-St-Zip: MIAMI, FL 33166 US

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 is true and accurate and that my electronic 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: ANTONIO QUINONES

MGR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date