


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:01
Secretary of Sta

DOCUMENT # L83459
 1. Entity Name
 PACIFIC ACE CORPORATION



Principal Place of Business
 200 SOUTH ORANGE AVE., SUITE 2300
 ORLANDO, FL 32802-0112

Mailing Address
 P OBOX 112
 ORLANDO, FL 32802-0112 US



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3019718

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
 200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO, FL 32801-3432

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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 file if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIO, ROGELIO A.
STREET ADDRESS	27/F WORLD-WIDE HOUSE, 19 DES VOEUX ROAD
CITY - ST - ZIP	CENTRAL, HONG KONG,
TITLE	VSTD
NAME	DIO, VIRGINIA S.
STREET ADDRESS	27/F WORLD-WIDE HOUSE 19 DES VOEUX ROAD
CITY - ST - ZIP	CENTRAL HONG KONG,
TITLE	V
NAME	TAPADO, LIZ D
STREET ADDRESS	200 SOUTH ORANGE AVE., SUITE 2300
CITY - ST - ZIP	ORLANDO, FL 328020112
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/08/04-80114-023 150.00

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12. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2004 (407) 876-6990
Date Daytime Phone #