## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2005 8:00 am Secretary of State

Lake Worth Place   Lake Worth	1. Entity Name JERRY'S PL	ENT # M06781 _ACE, INC.				05-09-2005 9	90290 012 ***15	50.00
Subsect   Subs	8221 W GLADES	S RD	8221 W GLADES RD	1-4033			<sub>/</sub> 500507	39
COHEN, MICHAEL J. 517 S.W. FIRST AVENUE FT. LAUDERDALE, FL 33301  A120 Tivoli Ct Apt. #305  City Apt. #305  City Lake Worth FL 2p Code 3,3467  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent are of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent are of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the florida	4120 -Ti Suite, Apt. #, e Apt. #30 Citv & State Lake Wo Zip 33467	ivoli Ct	4120 Tivol Suite, Apt. #, etc. Apt. #305 City & State Lake Worth, Zip 33467	Country	04292005  4. FEI Numbe 59-2508  5. Certificate	Chg-P r 3487 of Status Desired	CR2E034 (10/03	Applied For Not Applicable
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14  #### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14  ###################################	COHEN, MICI	HAEL J.	Registered Agent	'"			<u> </u>	
B. 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 acc the obligations of registered agent.  SIGNATURE  Signature, beed or stream came of registered agent and total facultable. (NOTE Registered Agent signature required when remainizing)  PILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  COHEN, GLORIA  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  COHEN, JERRY  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  CHANGE  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  CHANGE  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  UP  CHANGE  CHANGE  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTLE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  CHANGE  CH				41	4120 Tivoli Ct.			
SIGNATURE    Signature   Signa				La			<b>Г□</b>   33	467
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DP	the obligations	s of registered agent.				i, in the state of Fit.		
TITLE	FILE N	NOW!!! FEE IS \$150.00	9. Election Campaig	n Financing			DATE	
NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME	FILE N After May	NOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contrib	n Financing bution.	\$5.00 May Be Added to Fees	CHANCEC TO OFF		00C IN +1
NAME STIFLET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME	FILE NAfter May	NOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550. OFFICERS AND P OHEN, GLORIA 120 TIVOLI COURT	9. Election Campaig Trust Fund Contrib	n Financing bution.   11.  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	ICERS AND DIRECTO	
NÄME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           IITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           IITLE         Delete         TITLE           NAME         NAME	FILE NAfter May  10.  TITLE DF NAME CC STREET ADDRESS 41 CITY-ST-ZIP LA TITLE VF NAME CC STREET ADDRESS 41	OFFICERS AND P OHEN, GLORIA 120 TIVOLI COURT AKE WORTH, FL P OHEN, JERRY 120 TIVOLI CT	9. Election Campaig Trust Fund Contrib DIRECTORS	n Financing bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	CERS AND DIRECTO	e Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITYE Detete NAME  NAME  CHAPTER ADDRESS CITY-ST-ZIP TITLE NAME  NAME	FILE NAME  TITLE DAME  STREET ADDRESS 41  CITY-ST-ZIP LA  TITLE VF  NAME CC  STREET ADDRESS 41  CITY-ST-ZIP LA  TITLE VF  NAME CC  STREET ADDRESS 41  CITY-ST-ZIP LA	OFFICERS AND P OHEN, GLORIA 120 TIVOLI COURT AKE WORTH, FL P OHEN, JERRY 120 TIVOLI CT	9. Election Campaig Trust Fund Contrib  DIRECTORS  Delete	IN Financing bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	Chang	e Addition
NAME NAME	FILE N After May  10.  TITLE DF NAME CC STREET ADDRESS 41 CITY-ST-ZIP LA  TITLE VF NAME CC STREET ADDRESS 41 CITY-ST-ZIP LA  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P OHEN, GLORIA 120 TIVOLI COURT AKE WORTH, FL P OHEN, JERRY 120 TIVOLI CT	9. Election Campaig Trust Fund Contrib  DIRECTORS  Delete  Delete	IN Financing bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	Chang	e Addition e Addition
CITY-ST-ZIP CITY-ST-ZIP	FILE N After May  10.  TITLE NAME STREET ADDRESS 41 TITLE VF NAME CCC STREET ADDRESS 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP LA  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P OHEN, GLORIA 120 TIVOLI COURT AKE WORTH, FL P OHEN, JERRY 120 TIVOLI CT	9. Election Campaig Trust Fund Contrib  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	Chang	e Addition e Addition e Addition

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: \_

STON TURE AND TYPED OR PRINTED NAME OF STONING OF STORING OF STORI

4/29/05 90/ 488/44/