2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N07000005550

Entity Name: ACE FOUNDATION, INC.

Current Principal Place of Business:

445 SW 11TH STREET #401
MIAMI, FL 33130

New Principal Place of Business:

445 SW 11TH STREET
SUITE 401
MIAMI, FL 33130

Current Mailing Address:

445 SW 11TH STREET #401
MIAMI, FL 33130

New Mailing Address:

FEI Number: 26-0302036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANCHEZ, MILLIE
445 SW 11TH STREET #401
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FRENSEN, ERIK
Address: 701 BRICKELL AVE, # 3000
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: HAAG, ROBERT
Address: 1125 S FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: GIBSON, CHARLES A
Address: 4000 PONCE DE LEON BLVD, # 470
City-St-Zip: CORAL GABLES, FL 33146

Title: M ( ) Delete
Name: SANCHEZ, MILLIE
Address: 445 SW 11 ST # 401
City-St-Zip: MIAMI, FL 33130

Title: ST ( ) Delete
Name: LIMA, ADRIANA `
Address: 10630 SW 91 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE SANCHEZ M 06/30/2009
Electronic Signature of Signing Officer or Director — Date