2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P00000047563 ACE GROUP ENTERPRISES, INC. Principal Place of Business Mailing Address 10905 SW 84 COURT MIAMI FL 33156 P.O. BOX 557095 MIAMI FL 33255 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1008026 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTELLANOS, ELENA SMITH 8241 SW 89 COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** Zip Code FL 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mee ☐ Delete TITLE Change Addition NAME CASTELLANOS, ELENA SMITH MAME 10985 SW 84 AVE CIRFFI ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP VD THE ☐ Detete TITLE ☐ Change ☐ Addition U00000291506 CASTELLANOS, ANA D 04/07/05-80033-020 158.75 10905 SW 84TH COURT JIREET ADDRESS STREET ADDRESS CITY ST-ZIP MIAMI FL 33176 CITY-ST-ZIP titie VD Delete TITLE Change Addition MAIN CANDELA, CALENE FELDNER NAME THEFT ADDRESS 720 SANTURCE AVENUE STREET ADDRESS GITY-ST-ZIP CORAL GABLES FL 33143 CitY-ST-ZIP Hb E Delete TITLE ☐ Change ☐ Addition NAME NAME CIRCLI ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TOTALE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED