2004 FOR PROFIT CORPORATION

Apr 01, 2004 8:00 am Secretary of State ANNUAL REPORT 04-01-2004 90007 033 ***150.00 DOCUMENT # P00000090415 1. Entity Name ADVANT ACE, INC. Mailing Address Principal Place of Business 54025068 4520 NW 60 LANE 4520 NW 60 LANE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 No Chg-P CR2E034 (10/03) 03162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1040170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **EVANGALISTA, ANTHONY T** DO NOT WRITE 4520 NW 60 LANE COCONUT CREEK, FL 33073 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **EVANGELISTA, ANTHONY T** NAME STREET ADDRESS 4520 NW 60 LANE COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

ANTHONY T. EVANGELISTA

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PREJIDENI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED