

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90016 018 \*\*\*150.00

DOCUMENT # P01000018752

1. Entity Name  
ACE REMODELING, CORP.



Principal Place of Business  
3725 SW 94TH AVENUE  
MIAMI, FL 33165

Mailing Address  
3725 SW 94TH AVENUE  
MIAMI, FL 33165

2. Principal Place of Business  
13331 SW 71 Street  
Suite, Apt. #, etc.

3. Mailing Address  
13331 SW 71 Street  
Suite, Apt. #, etc.



02252004 Chg-P CR2E034 (10/03)

City & State  
MIAMI

City & State  
MIAMI

4. FEI Number  
65-1088154

Applied For  
Not Applicable

Zip Country  
FL 33183

Zip Country  
FL 33183

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

6. Name and Address of Current Registered Agent

CRUZ, ROMILLO  
3725 SW 94TH AVENUE  
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name CRUZ ROMILLO  
Street Address (P.O. Box Number is Not Acceptable)  
13331 SW 71 Street  
City MIAMI FL Zip Code 33183

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 renewing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ROMILLO 13331 SW 71ST MIAMI, FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Romilio Cruz - President* Mar/12/04 786-251-9605