## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000067930

Entity Name: JACE PROFESSIONAL SERVICES, INC.

**FILED** Dec 21, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

P.O. BOX 02-8537-CCS-2037 7234 TAFT STREET MIAMI, FL 33166 HOLLYWOOD, FL 33021

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 02-8537-CCS-2037 7234 TAFT STREET MIAMI, FL 33166 HOLLYWOOD, FL 33021

FEI Number: 65-1119969 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOVAR, ILEANA ARIAS ESQ. FALQUEZ, JUAN CARLOS 5106 TAFT STREET 1725 MAIN STREET, SUITE 205 WESTON, FL 33326 US HOLLYWOOD, FL 33021

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: JUAN CARLOS FALQUEZ 12/21/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MUNOZ R, TOMAS ADOLFO FALQUEZ, JUAN CARLOS Name: Name:

P.O. BOX 02-8537-CCS-2037 5106 TAFT STREET Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: HOLLYWOOD, FL 33021

Title: (X) Delete Title: () Change () Addition

PARRA DE MUNOZ, MAGNOLIA E Name: Name: P.O. BOX 02-8537-CCS-2037 Address: Address: MIAMI, FL 33166 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

MUNOZ PARRA, CAROLINA E Name: Name: P.O. BOX 02-8537-CCS-2037 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MUNOZ PARRA, JAVIER ADOLFO Name: Name: Address: P.O. BOX 02-8537-CCS-2037 Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JUAN CARLOS FALQUEZ 12/21/2004