2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P01000067930

Entity Name: JACE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 02-8537-CCS-2037
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 02-8537-CCS-2037
MIAMI, FL 33166

New Mailing Address:

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

Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MUNOZ R, TOMAS ADOLFO
Address: P.O. BOX 02-8537-CCS-2037
City-St-Zip: MIAMI, FL 33166

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

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

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

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:

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.

SIGNATURE: MUNOZ R., TOMAS ADOLFO D 05/01/2003

Electronic Signature of Signing Officer or Director — Date