

2008 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 PM 2:02

DOCUMENT # P02000048842

1. Entity Name
PACE TECHNOLOGIES GROUP, INC.



Principal Place of Business
2121 NW 93 AVE
PEMBROKE PINES, FL 33024

Mailing Address
2121 NW 93 AVE
PEMBROKE PINES, FL 33024

2. Principal Place of Business - No P.O. Box #

1304 SW 160th AVE

Suite, Apt. #, etc.

293

3. Mailing Address

1304 SW 160th AVE

Suite, Apt. #, etc.

293

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

Zip

33326

Country

05092008

Chg-P

CR2E034 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J
7951 SW 40 STREET
SUITE 206
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
DRAY DARIAN

Street Address (P.O. Box Number is Not Acceptable)

1304 SW 160th AVE # 293

City
WESTON

FL

Zip Code
33326

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

DRAY DARIAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 9, 2008

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CLARKE, ELVIS
2121 NW 93 AVE
PEMBROKE PINES, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, V, S, T.
DRAY DARIAN
1304 SW 160th AVE, # 293
WESTON, FL, 33326 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DRAY DARIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 9, 2008

Date

Daytime Phone #

954
433-8374



CORPORATION SERVICE COMPANY™

RECEIVED

08 MAY 12 PM 12:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 566672 7648782

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 150.00

ORDER DATE : May 12, 2008

ORDER TIME : 11:59 AM

ORDER NO. : 566672-005

CUSTOMER NO: 7648782

ANNUAL REPORT FILING

NAME: PACE TECHNOLOGIES CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____