

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90082 030 \*\*\*150.00

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03012005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000157115</b> 1. Entity Name <b>ACES UNITED OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>3200 HARTLEY ROAD APT. 263 JACKSONVILLE, FL 32257</b>			Mailing Address <b>3200 HARTLEY ROAD APT. 263 JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>61-1436268</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAMIREZ, GUSTAVO 3200 HARTLEY ROAD APT. 263 JACKSONVILLE, FL 32257</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>2925 PIEDMONT MANOR DR</b> City <b>ORANGE PARK</b> <b>FL</b> Zip Code <b>32065</b>		
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 <u><i>Gustavo Ramirez</i></u> <b>Gustavo Ramirez</b> <b>3-16-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD RAMIREZ, GUSTAVO 3200 HARTLEY ROAD #263 JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2925 PIEDMONT MANOR DR ORANGE PARK FL 32065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SANCHEZ, ELIANA 3200 HARTLEY ROAD #263 JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2925 PIEDMONT MANOR DR ORANGE PARK FL 32065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Gustavo Ramirez</i></u> <b>Gustavo Ramirez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-16-05</b> <b>904 699-3438</b> <small>Date Daytime Phone #</small>		