2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000011713 1. Entity Name ACE MONSTER FISHING, INC. Principal Place of Business Mailing Address 555 NE 15TH STREET STE 1 MIAMI FL 33132 555 NE 15TH STREET STE 1 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 54-2070349 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed harve of registered agent and title if applicable (NOTE: Registered Agent signature renured when remataling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May t After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete Talls F ☐ Change Addiii NAME QUARTIANO, CECILE NAME STREET ADDRESS STREET ADDRESS 555 NE 15TH STREET STE 1 CITY-\$7-21P MIAMI FL 33132 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ A···· U00000489577 U00000489577 U00000489577 U00000489577 U00000489577 U000000489577 MAME QUARTIANO, MARK NAME STREET ADDRESS 555 NE 15TH STREET STE 1 STREET ADDRESS C07Y-ST-7/P MIAMI FL 33132 CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ 4. NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-78 CRY-ST-ZIP ☐ #· Change ☐ Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDINESS CITY-ST-ZIP City-St-78 ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Add: Delete MIF TITLE NAME NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 directly of the corporation or the receiver or hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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