

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152645

Entity Name: 4 ACES, INC.

FILED  
Mar 29, 2005  
Secretary of State

**Current Principal Place of Business:**

1511 SHIRLEY CT  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

1511 SHIRLEY CT  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 20-1853779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: ASARO, MICHAEL III  
Address: 1511 SHIRLEY CT  
City-St-Zip: LAKE WORTH, FL 33461

Title: VD ( ) Delete  
Name: ALLEN, MITTHEW ADAM  
Address: 1511 SHIRLEY CT  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ADAM ALLEN

VD

03/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date