

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159266

FILED
Jan 14, 2009
Secretary of State

Entity Name: ACE OF SPADES CASINO TRAINING, INC.

Current Principal Place of Business:

1570 W 38 PL
#5
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

78 W. 37TH STREET
HIALEAH, FL 33012

New Mailing Address:

1570 W 38 PL
#5
HIALEAH, FL 33012

FEI Number: 20-1920755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTIAGO, ISABEL
78 W. 37TH STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SANTIAGO, ISABEL
1570 W 38 PL
#5
HIALEAH, FL 33012 US

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: ISABEL SANTIAGO

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCO () Delete
Name: SANTIAGO, ISABEL
Address: 78 W. 37TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: DST () Delete
Name: SANTIAGO, GREGORIO
Address: 78 W. 37TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCO (X) Change () Addition
Name: SANTIAGO, ISABEL
Address: 78 W 37 ST
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CAO () Change (X) Addition
Name: MOLINA, ELIO
Address: 5929 SW 16 TER
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ISABEL SANTIAGO

CPCO

01/14/2009

Electronic Signature of Signing Officer or Director

Date