FILED
May 20, 2005 8:00 am
Secretary of State
04-22-2005 90260 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170989

1. Entity Name
ACES RISK MANAGEMENT CORP.

66018108

04192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
900 PARK CENTRE BLVD STE 460 MIAMI, FL 33169	900 PARK CENTRE BLVD STE 460 MIAMI, FL 33169

2. Principal Place of Business	3. Mailing Address
6363 NW 6th WAY	6363 NW 6th WAY
Suite, Apt. #, etc. 425	Suite, Apt. #, etc. 425
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309-6180 Country BROWARD	Zip 33309-6180 Country BROWARD

4. FEI Number 68-0598564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABADI, DAVID 900 PARK CENTRE BLVD STE 460 MIAMI, FL 33169	Name Erza S. Moche Street Address (P.O. Box Number is Not Acceptable) 6363 NW 6th WAY Suite 425 City Ft Lauderdale FL Zip Code 33309-6180

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	DP MOCHE, E. SAMUEL 900 PARK CENTRE BLVD STE 460 MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Erza S. Moche 6363 NW 6th WAY Suite 425 Ft Lauderdale FL 33309-6180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: [signature] Ezra S. Moche, President 4-19-05 954 202-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #