

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000170989

Entity Name: ACES RISK MANAGEMENT CORP.

FILED
Aug 15, 2007
Secretary of State

Current Principal Place of Business:

6363 NW 6TH WAY
425
FORT LAUDERDALE, FL 333096180

New Principal Place of Business:

Current Mailing Address:

6363 NW 6TH WAY
425
FORT LAUDERDALE, FL 333096180

New Mailing Address:

FEI Number: 68-0598564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCHE, ERZA S
6363 NW 6TH WAY SUITE 425
FORT LAUDERDALE, FL 333096180 US

Name and Address of New Registered Agent:

MOCHE, EZRA S
6363 NW 6TH WAY SUITE 425
FORT LAUDERDALE, FL 333096180 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: EZRA S MOCHE

08/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOCHE, ERZA S
Address: 6363 NW 6TH WAY SUITE 425
City-St-Zip: FORT LAUDERDALE, FL 333096180

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MOCHE, EZRA S
Address: 6363 NW 6TH WAY SUITE 425
City-St-Zip: FORT LAUDERDALE, FL 333096180

Title: PRES () Change (X) Addition
Name: O'MALLEY, DAVID
Address: 6363 NW 6TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33096180

Title: CFO () Change (X) Addition
Name: MOCHE, CHARLES M
Address: 6363 NW 6TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33096180

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: CHARLES M MOCHE

CFO

08/15/2007

Electronic Signature of Signing Officer or Director

Date