

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90038 005 \*\*\*150.00

<b>DOCUMENT # P04000170989</b> 1. Entity Name <b>ACES RISK MANAGEMENT CORP.</b>					
Principal Place of Business <b>6363 NW 6TH WAY 425 FORT LAUDERDALE, FL 33309-6180</b>			Mailing Address <b>6363 NW 6TH WAY 425 FORT LAUDERDALE, FL 33309-6180</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>68-0598564</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOCHE, EZRA S 6363 NW 6TH WAY SUITE 425 FORT LAUDERDALE, FL 33309-6180</b>				7. Name and Address of New Registered Agent Name <b>AVI NAIDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6363 NW 6th WAY, Suite</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33309-6180</b>	
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  <b>AVI NAIDER, CHAIRMAN &amp; CEO</b> <b>4/17/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Trust Fund Contribution. Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MOCHE, EZRA S <input type="checkbox"/> Delete <b>6363 NW 6TH WAY SUITE 425 FORT LAUDERDALE, FL 333096180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES O'MALLEY, DAVID <input type="checkbox"/> Delete <b>6363 NW 6TH WAY FORT LAUDERDALE, FL 33096180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MOCHE, CHARLES M <input type="checkbox"/> Delete <b>6363 NW 6TH WAY FORT LAUDERDALE, FL 33096180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AVI NAIDER 6363 NW 6th WAY, Suite 425 Ft Lauderdale FL 33309-6180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>AVI NAIDER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/17/08</b> <b>954 202-2869</b> <small>Date Daytime Phone #</small>		