2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170989

Title:

Name:

Address:

City-St-Zip:

CCEO

NAIDER, AVI

() Delete

FORT LAUDERDALE, FL 333096180

6363 NW 6TH WAY, SUITE 425

FILED Feb 24, 2009 Secretary of State

Entity Name: ACES RISK MANAGEMENT CORP. **Current Principal Place of Business: New Principal Place of Business:** 6363 NW 6TH WAY 425 FORT LAUDERDALE, FL 333096180 **New Mailing Address: Current Mailing Address:** 6363 NW 6TH WAY FORT LAUDERDALE, FL 333096180 FEI Number: 68-0598564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAIDEO, AVI NAIDER, AVI 6363 NW 6TH WAY, SUITE 6363 NW 6TH WAY, SUITE FORT LAUDERDALE, FL 333096180 US 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: AVI NAIDER 02/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MOCHE, EZRA S Name: Name: 6363 NW 6TH WAY SUITE 425 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333096180 City-St-Zip: Title: **PRES** Title: () Delete () Change () Addition Name: O'MALLEY, DAVID Name: 6363 NW 6TH WAY Address: Address: FORT LAUDERDALE, FL 33096180 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MOCHE, CHARLES M Name: Name: 6363 NW 6TH WAY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33096180 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AVI NAIDER CEO 02/24/2009

() Change () Addition