

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090886

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ACE FORKLIFT REPAIR & SERVICE, INC.

**Current Principal Place of Business:**

11248 CYPRESS LEAF DRIVE  
ORLANDO, FL 32825

**New Principal Place of Business:**

11248 CYPRESS LEAF DRIVE  
11248 CYPRESS LEAF DR  
ORLANDO, FL 32825

**Current Mailing Address:**

PO BOX 677281  
ORLANDO, FL 328677281

**New Mailing Address:**

FEI Number: 20-3063239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: EFFA, ARNOLD JR  
Address: 11248 CYPRESS LEAF DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: DVT  
Name: EFFA, CHERYL  
Address: 11248 CYPRESS LEAF DRIVE  
City-St-Zip: ORLANDO, FL 32825

I hereby 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 all other like empowered.

SIGNATURE: CHERYL EFFA

DVT

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date