


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90010 027 \*\*\*150.00

<b>DOCUMENT # P06000073382</b>	
1. Entity Name ACE PROMOTIONS INC.	

Principal Place of Business 6634 PATIO LANE BOCA RATON, FL 33433	Mailing Address 6634 PATIO LANE BOCA RATON, FL 33433
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40026648



2. Principal Place of Business - No P.O. Box # 7701 NW 56th Ave Suite, Apt. #, etc. 2	3. Mailing Address 7701 NW 56th Ave Suite, Apt. #, etc. 2
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02212007 Chg-P CR2E034 (12/06)

City & State Pompano Bch FL	City & State Pompano Bch FL
Zip 33076	Country USA

4. FEI Number  
22-3932809

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

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Debra Youngs Wick Street Address (P.O. Box Number is Not Acceptable) 6634 PATIO LANE City BOCA RATON FL Zip Code 33433
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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: Debra Youngs Wick PRES. DATE: 2/23/07

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, 2007 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	PTD YOUNGSWICK, DEBRA 6634 PATIO LANE BOCA RATON, FL 33433 <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	SVD WILLIAMS, LAWRENCE 6634 PATIO LANE BOCA RATON, FL 33433 <input checked="" 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
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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: Debra Youngs Wick 2/23/07 566-241-0009