P06000148282

(Re	questor's Name)			
_ ACE GLOBAL DISTRIBUTORS _				
13752 SW 116 LN				
- MIAMI, FL 33186 -				
,	, - (
(Cit	y/State/Zip/Phone	, (# e		
(0	,,	,		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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C.COULLIETTE
APR 0 5 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$ are to change its registered office or registered agent, or both, in the State of Fl	LORID		_
1. The name of t	the corporation: ACE GLOBAL DISTRIBUTORS INC	<u></u>		
2. The principal	office address: 13752 SW 116 LANE			
	MIAMI FLORIDA 33186			
3. The mailing a	address (if different): SAME			
4. Date of incorp	poration/qualification: 11/30/06 Document number: Po	060001	48282	2
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	h the		
	ALEJANDRO ACEVEDO			
	13752 SW 116 LANE			
	MIAMI FLORIDA 33186	SEC	10	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ALL SS	APR -2	The state of the s
	DANIEL ACEVEDO			
	13752 SW 116 LANE	100	æ æ	أخنسانا
	P.O. Box NOT acceptable	る語	Ġ.	
	MIAMI FLORIDA 33186	ا		
1	ess of its registered office and the street address of the business office of its be dentical; as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.			ıt,
authorized by th				
-	re of an officer or director. ALEJANDRO ACEVED Printed or typed name and title	O-PRE	.5	-
I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comid I am familiar with and accept the obligation of my position as registered in giled merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	plete perj l agent. (y confirm	formar Or, if ti thát t	ıce his he
× Llin	iel Janealo 03/23/10			
5	nature of Registered Agent Date			
It signing on be	chalf of an entity:			
	ANIEL ACEVEDO yped or Printed Name			
· •	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)