

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000087992

1. Corporation Name ACE SOLAR INC

Principal Place of Business
5011 S.W. 170 AVE

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90034 036 ***150.00

	LAN, INC.													
Principal Place	e of Business	Mailing Ac	idress				1	1 104113						
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	lace of Business	2a. Mailing	g Address					El Numbe 5-0479		,		,		plied For t Applicable
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Suite, Apt.	#, etc.	27	Др г. #, ετο.				5. C	ertifcate o	of Status	Desired		•	Fee Re	
City & State	ъ	City &	State				- F	lection Ca	mnainn	Financing			\$5.00	May Bo
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Zip	Country	Zip		Countr	ry		8. T	his corpor	ration ow	es the cu	rrent year	r Intang	ible	
24	25	29	[:	30				ersonal P						□No
	9. Name and Address of Curr	rent Registered A	gent				10. N	lame and	Addres	s of New	Register	red Age	ent	
EEM	iberg, Jeffrey			8	1 1	Name					•			
	I SHERIDAN ST			8:	2 5	Street Addre	ess (P.C). Box Nu	mber is I	Not Accep	table)			
	TE 300			8:	3							-		
	LYWOOD FL 33021								_					
				84	4 (City				•	F	FL Í	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508	3, Florida Statute	s, the abov	ve-n	amed corpo	ration s	ubmits th	is staten	ent for the	e purpose	e of cha	anging its	registered
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Sta m familiar was and according to orbit.	ite of Florida. Such iga d ons of Sectior	n change was au n 607.0505. Flori	ithorized by ida Statute	y the	e corporation	n's boar	a of airec	tors. I ne	эгеру ассе	əpi ine ap	ppoinum	ient as reț	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or of an arachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS