


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000014929 1. Entity Name ACE'S INDOOR SHOOTING RANGE & PRO GUN SHOP, INC.	
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Principal Place of Business 2105 NW 102 PLACE MIAMI, FL 33172 US	Mailing Address 2105 NW 102 PLACE MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0469478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, GISELA
4671 SW 149TH CT.
MIAMI, FL 33185

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000276518 03/25/05-80042-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEPINA, GEORGE 4600 S.W. 149TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE PINA, NANCY 4600 SW 149 CT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DE PINA, MARIA 4600 SW 149 CT MIAMI, FL 33185
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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: _____ **3-23-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #