2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2008 8:00 am Secretary of State DOCUMENT # P97000088787 1. Entity Name 02-07-2008 90017 005 ***150.00 ACE FLOORING SYSTEMS, INC. Principal Place of Business Mailing Address 12962 SW 89TH AVE MIAMI FL 33176 12730 SW 93 PLACE **MIAMI FL 33176** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0789577 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ROBERTO 12730 SW 93 PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 Zip Code 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. Lam familiar with, and accept the colligations of registered agent. resident. SIGNATURE . FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice - President TITLE TITLE ☐ Delete Change Addition RODRIGUEZ, ROBERTO NAME NAME VIVIAN A. RODRIBUEZ STREET ADDRESS 12730 SW 93 PLACE # STREET ADDRESS 129625.W.89 Ave. CITY-ST-ZIP **MIAMI FL 33176** CITY - ST- 716 MIDNI, P1. 33,761 TITLE ☐ De⊧ete TITLE President ☐ Addition NAME NAME Poberto A. Podripuez 12962 5 W. 89 Avenue Hidri, Fl. 33176 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOLE ☐ Delete THILE ☐ Change ☐ Addition MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZI₽ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 (

305) 238 259

FILED