2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011131

City-St-Zip:

HOMESTEAD, FL 33033

Entity Name: ACE PROPERTY SERVICES, CORP.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14204 SW 289 TERR HOMESTEAD, FL 33033 **Current Mailing Address: New Mailing Address:** 14204 SW 289 TERR HOMESTEAD, FL 33033 FEI Number: 65-0898860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PULLES, LETICIA 14204 SW 289 TERR HOMESTEAD, FL 33033 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS () Delete Title: (X) Change () Addition PULLES, LETICIA PULLES, CARLOS Name: Name: 14204 SW 289 TERR 14204 SW 289 TERR Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 () Delete Title: VPT Title: VPT (X) Change () Addition Name: PULLES LETICIA Name: VEGA-PULLES, LIBERTAD 14204 SW 289 TERR 14204 SW 289 TERR Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 Title: Title: (X) Delete () Change () Addition PULLES, CARLOS Name: Name: 14204 SW 289 TERR Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: (X) Delete Title: () Change () Addition VEGA, LIBERTAD Name: Name: Address: 14204 SW 289 TERR Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARLOS PULLES DPS 03/05/2007