

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-04-2004 90157 002 ***150.00

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1. Entity Name
ACE ACCOUNTING & TAX CONSULTANT, INC.



Principal Place of Business

2611 BORINGUEN DR
KISSIMMEE, FL 34744

Mailing Address

2611 BORINGUEN DR
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3564205

Applied For
Not Applicable

5. Certificate of Status Desired. ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACEVEDO, CEFERINO
2611 BORINGUEN DR
KISSIMMEE, FL 34744

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ACEVEDO, CEFERINO
STREET ADDRESS 195 JALAPA DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE STD
NAME RIVERA, NITZA
STREET ADDRESS 195 JALAPA DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #