

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90352 038 ***150.00

DOCUMENT # P99000061149
 1. Entity Name
 ACE PRODUCTIONS, INC.



Principal Place of Business: 105 NE 25TH STREET, MIAMI, FL 33137
 Mailing Address: 105 NE 25TH STREET, MIAMI, FL 33137

14010000



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0932698
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 HARIVEL, STEVE
 320 N.E. 23 STREET
 MIAMI, FL 33137

7. Name and Address of New Registered Agent
 Name: HARIVEL, STEVE
 Street Address (P.O. Box Number is Not Acceptable): 105 NE 25th STREET
 City: MIAMI, State: FL, Zip Code: 33137

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]* DATE: 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: HARIVEL, STEVE STREET ADDRESS: 105 NE 25TH STREET CITY-ST-ZIP: MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE: *[Signature]* DATE: 4/30/04 DAYTIME PHONE #: (305) 5762417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR