

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90350 050 ***150.00

DOCUMENT # S77981

1. Entity Name
**ACE SPECIAL & PERSONAL TRANSPORTATION
SERVICE INC.**



Principal Place of Business
**2107 MAJESTIC WOODS BLVD.
APOPKA, FL 32712**

Mailing Address
**2107 MAJESTIC WOODS BLVD.
APOPKA, FL 32712**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3091169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SULAL, ANGELITA J.
2107 MAJESTIC WOODS BLVD.
APOPKA, FL 32712**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULAL, ANGELITA S.
STREET ADDRESS	2107 MAJESTIC WOODS BLVD
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	SULAL, RAQUEL A.
STREET ADDRESS	2107 MAJESTIC WOODS BLVD
CITY-ST-ZIP	APOPKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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

ANGELITA SULAL

4/10/06

Date

407-590-0639

Daytime Phone #