

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000031864**

1. Entity Name

GENERAL A/C CORP



Principal Place of Business

5195 E 9 LANE  
HIALEAH FL 33013

Mailing Address

5195 E 9 LANE  
HIALEAH FL 33013

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 03-0421300

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ARDERI, ROLANDO  
11370 S.W. 21 ST.  
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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-instating)

DATE

3/15/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ARDERI, ROLANDO  
STREET ADDRESS 11370 S.W. 21 ST.  
CITY- ST- ZIP MIRAMAR FL 33025

TITLE D ☐ Delete  
NAME QUESADA, HECTOR L  
STREET ADDRESS 5195 EAST 9TH LANE  
CITY- ST- ZIP HIALEAH FL 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

3/15/05

Date

Daytime Phone #