

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000140721

Entity Name: ALTERNATIVE A/C, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6075 ADRIATIC WAY  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

6075 ADRIATIC WAY  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

FEI Number: 20-5856835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, JOSE' R  
6075 ADRIATIC WAY  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PVTD  
Name: LEE, JOSE' R  
Address: 6075 ADRIATIC WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD  
Name: LEE, GABRIELA  
Address: 6075 ADRIATIC WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby 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 all other like empowered.

SIGNATURE: GABRIELA LEE

SD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date