

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088125

FILED
Jan 16, 2004
Secretary of State

Entity Name: SAM THE A/C MAN CORPORATION

Current Principal Place of Business:

1870 NE 197TH TERRACE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1870 NE 197TH TERRACE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-0788156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, SAMUEL
1870 N.E. 197TH TERRACE
N MIAMI BEACH, FL 33179 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALBERT, SAMUEL
Address: 1870 NE 197TH TERR
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: ALBERT, ADRIANA
Address: 1870 NE 197TH TERR
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALBERT, SAMUEL
Address: 1870 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VD (X) Change () Addition
Name: ALBERT, ADRIANA
Address: 1870 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ADRIANA ALBERT

VD

01/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date