

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000014900	
1. Entity Name AC/DC CONTROL SYSTEMS, INC	
	
Principal Place of Business 1723 W 37 STREET BAY #6 HIALEAH, FL 33012	Mailing Address 1723 W 37 STREET BAY #6 HIALEAH, FL 33012



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-4236680	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

C. Name and Address of Current Registered Agent	
GARCIA, DANIEL A 1723 W 37 STREET BAY #6 HIALEAH, FL 33012	

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, DANIEL A 1723 W 37 STREET, BAY#6 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLANES, LLAUL 1723 W 37 STREET, BAY #6 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GARCIA, DANIEL A 1723 W 37 STREET, BAY #6 HIALEAH, FL 33012
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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01/30/07-80002-007 150.00

**DO NOT WRITE
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 supplement 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

DANIEL A GARCIA

Date

1-8-07 305-819-7861

Daytime Phone #