

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 194593

**Entity Name:** WATSCO, INC.**Current Principal Place of Business:**2665 S BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133**Current Mailing Address:**2665 S BAYSHORE DRIVE  
SUITE 901  
COCONUT GROVE, FL 33133**FEI Number:** 59-0778222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN OF THE BOARD, CEO  
Name NAHMAD, ALBERT H  
Address 2665 S BAYSHORE DRIVE, SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title EXECUTIVE VICE PRESIDENT, SECRETARY  
Name LOGAN, BARRY S  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name DICKINS, DENISE  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name MOSS , BOB L  
Address 2665 SOUTH BAYSHORE DRIVE STE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title VP, CFO, ASST. SECRETARY, TREASURER  
Name MENENDEZ, ANA M  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title PRESIDENT, DIRECTOR  
Name NAHMAD, AARON J  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name SAPE, GEORGE P  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name ALVAREZ, CESAR L  
Address 2665 S BAYSHORE DRIVE SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

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*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:** ANA MENENDEZASST. SECRETARY,  
TREASURER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RUBIN, STEVEN  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name CUSTER, MICHAEL J  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR  
Name KEELEY, BRIAN E  
Address 2665 S BAYSHORE DRIVE  
SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133