

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000014839

**Entity Name:** AC1 SUPPLY, INC.

**Current Principal Place of Business:**

6865 NW 36 AVENUE  
MIAMI, FL 33147

**Current Mailing Address:**

6865 NW 36 AVENUE  
MIAMI, FL 33147 US

**FEI Number:** 01-0669057

**Certificate of Status Desired:** No

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

CERVELLO, RAFAEL S  
6865 NW 36TH AVENUE  
MIAMI, FL 33147 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            PRESIDENT  
Name            CERVELLO, RAFAEL  
Address        6865 NW 36 AVENUE  
City-State-Zip: MIAMI FL 33147

Title            VICE, VP  
Name            CERVELLO, ENRIQUETA DEL  
                    CARMEN  
Address        6865 NW 36 AVENUE  
City-State-Zip: MIAMI FL 33147

Title            TREASURER  
Name            CERVELLO, HENRY  
Address        6865 NW 36 AVENUE  
City-State-Zip: MIAMI FL 33147

Title            ASSISTANT TREASURER  
Name            CERVELLO, ROBERTO  
Address        6865 NW 36 AVE.  
City-State-Zip: MIAMI FL 33147

*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:** RAFAEL S CERVELLO

**PRESIDENT**

**02/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date