

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000052346

**Entity Name:** A/C FAMILY APPLIANCE SERVICES INC.

**Current Principal Place of Business:**

6130 SW 12 ST  
MIAMI, FL 33144

**Current Mailing Address:**

P.O. BOX 442737  
MIAMI, FL 33144 US

**FEI Number:** 27-0383137

**Certificate of Status Desired:** No

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

CARABALLO MORENO, RODOLFO  
6130 SW 12 ST  
MIAMI, FL 33144 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 P  
Name CARABALLO MORENO, RODOLFO  
Address 6130 SW 12 ST  
City-State-Zip: MIAMI FL 33144

*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:** RODOLFO CARABALLO MORENO

**PRESIDENT**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date