# 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: ADRIANA ALBERT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P97000088125

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SAM THE A/C MAN CORPORATION

## **Current Principal Place of Business:**

1870 NE 197TH TERRACE NORTH MIAMI BEACH. FL 33179

## **Current Mailing Address:**

1870 NE 197TH TERRACE NORTH MIAMI BEACH. FL 33179

## FEI Number: 65-0788156

## Name and Address of Current Registered Agent:

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

Officer/Director Detail :			
Title	PD	Title	VD
Name	ALBERT, SAMUEL	Name	ALBERT, ADRIANA
Address	1870 NE 197TH TERR	Address	1870 NE 197TH TERR
City-State-Zip:	NORTH MIAMI BEACH FL 33179	City-State-Zip:	NORTH MIAMI BEACH FL 33179

Certificate of Status Desired: No

FILED Apr 19, 2014 Secretary of State CC0887774908

Date

04/19/2014 Date

Electronic Signature of Registered Agent

VP