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 a	appears
above, or on an attachment with all other like empowered.	

VP

SIGNATURE: ADRIANA ALBERT

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088125

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:

Electronic Signature of 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 : PD Title Title VD Name ALBERT, SAMUEL Name ALBERT, ADRIANA 1870 NE 197TH TERR 1870 NE 197TH TERR Address Address City-State-Zip: NORTH MIAMI BEACH FL 33179 City-State-Zip: NORTH MIAMI BEACH FL 33179

Certificate of Status Desired: No

Date

FILED Jan 24, 2024 Secretary of State 6626817040CC

Date

01/24/2024