

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55503

Entity Name: A/C MEN, INC.

FILED  
Jan 24, 2011  
Secretary of State

**Current Principal Place of Business:**

4305 MAURICE DR.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4305 MAURICE DR.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-0177180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERTORELLO, KATHRYN  
4305 MAURICE DR.  
DELRAY BEACH, FL 334453232 US

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

BERTORELLO, KATHRYN VP  
4305 MAURICE DR.  
DELRAY BEACH, FL 334453232 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: KATHRYN BERTORELLO

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERTORELLO, PAUL  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP  
Name: BERTORELLO, KATHRYN  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D  
Name: BARBER, RANDY S  
Address: 820 SUMMERS STREET  
City-St-Zip: LAKE WORTH, FL 33461

Title: T/S  
Name: BERTOORELLO DE LOS R, PAULETTE D T/S  
Address: 832 LAGO ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

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: KATHRYN BERTORELLO

VP

01/24/2011

Electronic Signature of Signing Officer or Director

Date