

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108050

Entity Name: ALL SOLAR CONTROL, CORP.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

223 S JOHN YOUNG AVE.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

223 S JOHN YOUNG PKWY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

4623 CABALERRO TRAIL  
KISSIMMEE, FL 34758

**New Mailing Address:**

FEI Number: 27-1793132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOJICA, RAFAEL  
4623 CABALERRO TRAIL  
KISSIMMEE, FL 34758 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOJICA, RAFAEL  
Address: 4623 CABALERRO TRAL  
City-St-Zip: KISSIMMEE, FL 34758

Title: VP  
Name: MOJICA, CLARIBEL  
Address: 4623 CABALERRO TRAIL  
City-St-Zip: KISSIMMEE, FL 34758 FL

Title: S  
Name: MOJICA, RAFAEL  
Address: 4623 CABALERRO TRAIL  
City-St-Zip: KISSIMMEE, FL 34758

Title: T  
Name: ATANACIO, CARMEN  
Address: 4623 CABALERRO TRAIL  
City-St-Zip: KISSIMMEE, FL 34758

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 MOJICA

P

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date