

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085865

Entity Name: A/C MEDICS CORP.

FILED  
Apr 27, 2011  
Secretary of State

**Current Principal Place of Business:**

14652 SW 114 TERRACE  
MIAMI, FL 33186

**New Principal Place of Business:**

14652 SW 114 TERRACE  
MIAMI, FL 33186 UN

**Current Mailing Address:**

14652 SW 114 TERRACE  
MIAMI, FL 33186

**New Mailing Address:**

14652 SW 114 TERRACE  
MIAMI, FL 33186 UN

FEI Number: 27-1141650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAYORGA, MARCIO A JR  
14652 SW 114 TERRACE  
MIAMI, FL 33186 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: MAYORGA, MARCIO A JR.  
Address: 14652 SW 114 TERRACE  
City-St-Zip: MIAMI, FL 33186 UN

Title: VP  
Name: MAYORGA, JAVIER A  
Address: 14652 SW 114 TERRACE  
City-St-Zip: MIAMI, FL 33186 UN

Title: TRES  
Name: MAYORGA, MARCIO A SR.  
Address: 14652 SW 114 TERRACE  
City-St-Zip: MIAMI, FL 33186 UN

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: MARCIO A. MAYORGA JR.

P

04/27/2011

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

\_\_\_\_\_ Date