

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90148 027 ***150.00

DOCUMENT # P99000000830

1. Entity Name
SUPER A-C SERVICES, INC.



Principal Place of Business
**14829 N.W. 88TH COURT
MIAMI FL 33018**

Mailing Address
**14829 N.W. 88TH COURT
MIAMI FL 33018**



2. Principal Place of Business
17613 N.W. 91 Ave

3. Mailing Address
17613 N.W. 91 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida Miami Florida

4. FEI Number
65-0885230

Applied For
 Not Applicable

Zip Country
33018 USA 33018 U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

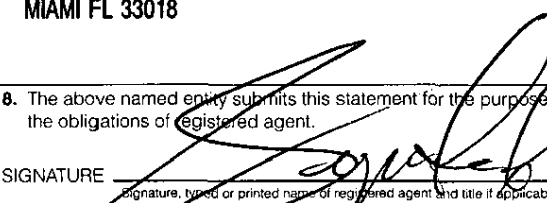
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUENTES, SERGIO
14829 N.W. 88TH COURT
MIAMI FL 33018**

Name
Fuentes Sergio
Street Address (P.O. Box Number is Not Acceptable)
17613 N.W. 91 Avenue
City
Miami FL Zip Code
33018

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PVST	FUENTES, SERGIO	14829 N.W. 88TH COURT	MIAMI FL 33018	<input checked="" type="checkbox"/>
PVST	Fuentes, Sergio	17613 N.W. 91 Ave.	Miami FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

305-698-7799

Date

Daytime Phone #

CR2E034 (10/02)