

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040854

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA WHOLESale, CORP.

**Current Principal Place of Business:**

2378 KING PALM WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

2378 KING PALM WAY  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 02-0583922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, GAREY  
FOWLER WHITE BOGGS BANKER PA  
2201 SECOND STREET 5TH FLOOR  
FORT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENEFEЕ, EDWARD L  
Address: 2378 KING PALM WAY  
City-St-Zip: NAPLES, FL 34105

Title: VP ( ) Delete  
Name: MENEFEЕ, ROBERT L  
Address: 3041 GOLANSKY BLVD.  
City-St-Zip: WOODBRIDGE, VA 22192

Title: ST ( ) Delete  
Name: MENEFEЕ, SHIRLEY S  
Address: 2378 KING PALM WAY  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY S. MENEFEЕ

ST

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date