

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043113

**Entity Name:** C. B. E. OF FLORIDA INC

**Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE  
SUITE 800  
MIAMI, FL 33126

**Current Mailing Address:**

P. O. BOX 228571  
MIAMI, FL 33222

**FEI Number:** 27-0172556

**Certificate of Status Desired:** No

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

MADERO, ROLANDO  
5201 BLUE LAGOON DRIVE  
SUITE 800  
MIAMI, FL 33126 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            MADERO, ROLANDO  
Address        P.O. BOX 228571  
City-State-Zip: MIAMI FL 33222

Title            S  
Name            MADERO, ED  
Address        5201 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

*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:** ROLANDO MADERO

**PRESIDENT**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date