

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L34608**

1. Entity Name  
SOUTHFIELDS REAL ESTATE, INC.



Principal Place of Business  
13304 INDIAN MOUND RD  
WELLINGTON, FL 33414

Mailing Address  
C/O MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD., SUITE 1302  
WELLINGTON, FL 33414



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0157848	Applied For Not Applicable
-----------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON, FL 33414

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ARELLANO, CARLOS R.
STREET ADDRESS	13304 INDIAN MOUND RD
CITY-ST-ZIP	WEST PALM BCH, FL

TITLE	ST
NAME	ARELLANO, CARLOS R.
STREET ADDRESS	13304 INDIAN MOUND RD
CITY-ST-ZIP	WEST PALM BCH, FL

TITLE	V
NAME	ARELLANO, CLARA M
STREET ADDRESS	13304 INDIAN MOUND RD
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000640304  
02/28/07-80060-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carlos R. Arellano*

Carlos R. Arellano, Pres.

2-16-07 561-795-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #