

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105502

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** SB SOUTH FLORIDA INVESTMENTS, INC.

**Current Principal Place of Business:**

6447 MIAMI LAKES DR E 203-J  
HIALEAH, FL 33014

**New Principal Place of Business:**

6447 MIAMI LAKES DR E 226  
HIALEAH, FL 33014

**Current Mailing Address:**

6447 MIAMI LAKES DR E 203-J  
HIALEAH, FL 33014

**New Mailing Address:**

6447 MIAMI LAKES DR E 226  
HIALEAH, FL 33014

**FEI Number:** 33-1092150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA DI GERONIMO, ADOLFO  
1835 NE MIAMI GARDENS DRIVE  
MIAMI, FL 33179 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:** DPTS  
**Name:** SILVA DI GERONIMO, ADOLFO J  
**Address:** 1835 NE MIAMI GARDENS DR  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** DV  
**Name:** SILVA, MARIANELLA  
**Address:** 1835 NE MIAMI GARDENS DR  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** DV  
**Name:** SILVA, MARIA NELLY  
**Address:** 1835 NE MIAMI GARDENS DR  
**City-St-Zip:** MIAMI, FL 33179

**Title:** DV  
**Name:** SILVA, MARIADELLY  
**Address:** 1835 NE MIAMI GARDENS DR  
**City-St-Zip:** MIAMI, FL 33179

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:** ADOLFO SILVA DI GERONIMO

DPST

03/17/2010

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

\_\_\_\_\_  
Date