

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000107167

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CAFE ENTERPRISES INC

**Current Principal Place of Business:**

9775 NW 12TH STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

735 LOCUST STREET  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

9775 NW 12TH STREET  
MIAMI, FL 33175

**FEI Number:** 41-2253543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALLE, ODILIA  
735 LOCUST STREET  
WEST PALM BEACH, FL 33405 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VALLE, ODILIA  
Address: 701 DOBBINS STREET  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP  
Name: VALLE, ODILIA  
Address: 735 LOCUST STREET  
City-St-Zip: WEST PALM BEACH, FL 33405

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: ODILIA VALLE

P

04/23/2012

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

\_\_\_\_\_  
Date