

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004293

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA APPLIANCE #2, INC.

**Current Principal Place of Business:**

1890 WEST 4 AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

1890 WEST 4 AVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 26-4042995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVALES, RAUL P  
1890 WEST 4TH AVENUE  
HIALEAH, FL 33010 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: PST  
Name: NOVALES, RAUL P  
Address: 1890 WEST 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: VP  
Name: NOVALES, ROALD  
Address: 1890 WEST 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

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: RAUL P NOVALES

PST

02/06/2012

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

\_\_\_\_\_ Date