

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087888

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA SMALL BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD #232  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

9600 NW 25TH STREET  
3B  
DORAL, FL 33172

**Current Mailing Address:**

1825 PONCE DE LEON BLVD #232  
CORAL GABLES, FL 33134

**New Mailing Address:**

9600 NW 25TH STREET  
3B  
DORAL, FL 33172

**FEI Number:** 27-4117286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRAGA, CHRISTINE M  
1825 PONCE DE LEON BLVD #232  
CORAL GABLES, FL 33134

**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: FRAGA, CHRISTINE M  
Address: 1825 PONCE DE LEON BLVD #232  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: FRAGA, GABRIEL  
Address: 1825 PONCE DE LEON BLVD #232  
City-St-Zip: CORAL GABLES, FL 33134

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: CHRISTINE FRAGA

P

04/11/2012

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

\_\_\_\_\_  
Date