

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105502

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: SB SOUTH FLORIDA INVESTMENTS, INC.

**Current Principal Place of Business:**

6447 MIAMI LAKES DR E 226  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6447 MIAMI LAKES DR E 226  
HIALEAH, FL 33014

**New Mailing Address:**

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

**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

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04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date