

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004293

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC1134468241**

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

**Current Principal Place of Business:**

285 WEST 29 ST  
HIALEAH, FL 33012

**Current Mailing Address:**

1890 WEST 4 AVE  
HIALEAH, FL 33010

**FEI Number: 26-4042995**

**Certificate of Status Desired: No**

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

NOVALES, RAUL P  
1890 WEST 4TH AVENUE  
HIALEAH, FL 33010 US

*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

**Officer/Director Detail :**

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

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

Title CHIEF OPERATING OFFICER (COO) &  
CHEIF MARKETING OFFICER (CMO)  
Name NOVALES, JUSTEN R  
Address 1890 WEST 4 AVE  
City-State-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: NOVALES RAUL PABLO**

**PSD**

**01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date