

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000009975

**Entity Name:** SOUTH FLORIDA APPLIANCE #3 INC.

**Current Principal Place of Business:**

320A NE 183RD STREET  
MIAMI, FL 33179

**Current Mailing Address:**

1890 WEST 4TH AVE  
HIALEAH, FL 33010

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NOVALES, RAUL P  
6380 MILK WAGON LANE  
MIAMI LAKES, FL 33014 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           | P                    | Title           | VP                |
| Name            | NOVALES, RAUL P      | Name            | NOVALES, ROALD    |
| Address         | 6380 MILK WAGON LANE | Address         | 1890 WEST 4TH AVE |
| City-State-Zip: | MIAMI LAKES FL 33014 | City-State-Zip: | HIALEAH FL 33010  |

Title CHIEF OPERATIONS OFFICER (COO)  
& CHIEF MARKETING OFFICER (CMO)

Name NOVALES, JUSTEN R

Address 1890 WEST 4TH 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:** ROALD NOVALES

VP

07/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date