# 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.

PRESIDENT

SIGNATURE: JUSTEN R NOVALES

Electronic Signature of Signing Officer/Director Detail

02/08/2023

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000023977

Entity Name: SOUTH FLORIDA APPLIANCE #5, INC.

### **Current Principal Place of Business:**

5600 NW 12TH AVE SUITE 301&302 FORT LAUDERDALE, FL 33309

### Current Mailing Address:

1890 WEST 4TH AVE HIALEAH, FL 33010 US

## FEI Number: 47-3452291

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

NOVALES, JUSTEN 1890 WEST 4TH AVE HIALEAH, FL 33010 US Certificate of Status Desired: No

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	E: JUSTEN NOVALES			02/08/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PST	Title	VPST	
Name	NOVALES, JUSTEN ROALD	Name	NOVALES, ROALD	
Address	1890 WEST 4TH AVE	Address	1890 WEST 4TH AVE	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	
Title	COO			
Name	NOVALES, EILEEN			
Address	1890 WEST 4TH AVE			
City-State-Zip:	HIALEAH FL 33010			

FILED Feb 08, 2023 Secretary of State 8124993127CC

Date