

**2017 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

**Certificate of Status Desired:** No

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

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

Title VP  
Name NOVALES, ROALD  
Address 6380 MILK WAGON LANE  
City-State-Zip: MIAMI LAKES FL 33014

Title COO  
Name NOVALES, JUSTEN R  
Address 6390 MILK WAGON LANE  
City-State-Zip: MIAMI LAKES FL 33014

*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:** JUSTEN NOVALES

COO

01/10/2017

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

\_\_\_\_\_  
Date