

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057650

**Entity Name:** BELL'S APPLIANCES, INC.

**Current Principal Place of Business:**

1900 W. 4TH AVENUE  
HIALEAH, FL 33010

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC2681165390**

**Current Mailing Address:**

1900 W. 4TH AVENUE  
HIALEAH, FL 33010

**FEI Number: 65-0430426**

**Certificate of Status Desired: No**

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

CABAN, SAMUEL  
1900 W. 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 P  
Name CABAN, WILLIAM  
Address 1900 W. 4TH AVENUE  
City-State-Zip: HIALEAH FL 33010

Title D  
Name CABAN, MICHAEL  
Address 1900 W. 4TH AVENUE  
City-State-Zip: HIALEAH FL 33010

Title D  
Name CABAN, MAGALYS  
Address 1900 W. 4TH AVENUE  
City-State-Zip: HIALEAH FL 33010

Title D  
Name CONCEPCION, MARIBEL  
Address 1900 W. 4TH AVENUE  
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: WILLIAM CABAN**

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date