

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 036 ***150.00

DOCUMENT # 410750	
1. Entity Name FLEXINI INVESTMENTS, INC.	

Principal Place of Business 10 NW 2ND ST. MIAMI FL 33128	Mailing Address 10 NW 2ND ST. MIAMI FL 33128
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-1508107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)



6. Name and Address of Current Registered Agent GORFINKEL, NESTOR B 20818 WEST DIXIE HIGHWAY AVENTURA FL 33180	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VD SAPOZNIK, LAZARO <input type="checkbox"/> Delete
NAME	10 NW 2ND STREET
STREET ADDRESS	MIAMI, FL 00000
CITY-ST-ZIP	
TITLE	VD GORFINKEL, LEON <input checked="" type="checkbox"/> Delete
NAME	10 NW 2ND STREET
STREET ADDRESS	MIAMI, FL 00000
CITY-ST-ZIP	
TITLE	ST SAPOZNIK, JOSE <input checked="" type="checkbox"/> Delete
NAME	10 NW 2ND STREET
STREET ADDRESS	MIAMI, FL 00000
CITY-ST-ZIP	
TITLE	TD GORFINKEL, JULIUS <input type="checkbox"/> Delete
NAME	10 NW 2ND STREET
STREET ADDRESS	MIAMI, FL 00000
CITY-ST-ZIP	
TITLE	PD SAPOZNIK, CLARA <input type="checkbox"/> Delete
NAME	10 NW 2ND STREET
STREET ADDRESS	MIAMI, FL 00000
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Esther Gorfinkel <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 N.W. 2 Street
STREET ADDRESS	Miami, FL 33128
CITY-ST-ZIP	
TITLE	Frida Sapoznik <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 N.W. 2 Street
STREET ADDRESS	Miami, FL 33128
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **2-5-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #