

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000041037

**Entity Name:** AMFLUX,INC.

**Current Principal Place of Business:**

6891 BAY DRIVE  
APT.201  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6891 BAY DRIVE  
APT.201  
MIAMI BEACH, FL 33141 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RIBA, ANTHONY  
6891 BAY DRIVE  
APT.201  
MIAMI BEACH, FL 33141 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            DIR.  
Name            RIBA, ANTHONY  
Address        6891 BAY DRIVE, APT 201  
City-State-Zip: MIAMI BEACH    33141

Title            DIR.  
Name            RIBA, CHRISTINE  
Address        6891 BAY DRIVE, APT 201  
City-State-Zip: MIAMI BEACH    FL 33141

*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:** ANTHONY RIBA

**DIRECTOR**

**04/30/2016**

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

\_\_\_\_\_  
Date