

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006888

Entity Name: UFLEX USA, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

6442 PARKLAND DR.  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

6442 PARKLAND DR.  
SARASOTA, FL 34243

## New Mailing Address:

FEI Number: 91-1466446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHEL II, WILLIAM P  
6442 PARKLAND DR.  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GAI, ANNA G  
Address: VIA DONATO SOMMA 78  
City-St-Zip: GENOVA, ITALY, IT 16164 IT

Title: D ( ) Delete  
Name: GAI, GIORGIO  
Address: VIA DONATO SOMMA 78  
City-St-Zip: GENOVA, ITALY, IT 16164 IT

Title: VTD ( ) Delete  
Name: MICHEL II, WILLIAM P  
Address: 201 BIRD KEY DRIVE  
City-St-Zip: SARASOTA, FL

Title: SD ( ) Delete  
Name: BETTI, GIUSEPPE  
Address: VIA MILITE IGNOTO, 8A 16012 BUSALLA  
City-St-Zip: GENOVA, ITALY, IT IT

Title: D ( ) Delete  
Name: SAVINO, MIRELLA  
Address: VIA MILITE IGNOTO, 8A 16012 BUSALLA  
City-St-Zip: GENOVA, ITALY, IT IT

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM P MICHEL II

VDT

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date