

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39578

FILED
Apr 30, 2004
Secretary of State

Entity Name: SOFLEX CORP.

Current Principal Place of Business:

371 INTERSTATE BOULEVARD
SARASOTA, FL 34240 US

New Principal Place of Business:

5206 MEDALIST WAY
SARASOTA, FL 34243 US

Current Mailing Address:

371 INTERSTATE BOULEVARD
SARASOTA, FL 34240 US

New Mailing Address:

P.O. BOX 540
TALLEVAST, FL 34270 US

FEI Number: 59-2551976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIFAKES, ANGELO N
371 INTERSTATE BOULEVARD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SIFAKES, ANGELO N
5206 MEDALIST WAY
SARASOTA, FL 34243 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: ANGELO N. SIFAKES

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIFAKES, ANGELO N,
Address: 5206 MEDALIST WAY
City-St-Zip: SARASOTA, FLORIDA 00000,

Title: SD () Delete
Name: BRADY, MARIA
Address: 350 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SIFAKES, ANGELO N
Address: 5206 MEDALIST WAY
City-St-Zip: SARASOTA,, FL 34243

Title: SD (X) Change () Addition
Name: BRADY, MARIA
Address: 205 GOLDEN GATE POINT # 301
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELO N. SIFAKES

PTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date