

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03851

FILED
Mar 11, 2010
Secretary of State

Entity Name: TRIFLEX ABRASIVES, INC.

Current Principal Place of Business:

5220 N.W. 72ND AVENUE #22
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

55 EAST SUNRISE AVENUE
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 59-2459544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDARIS, PETER
55 EAST SUNRISE AVENUE
CORAL GABLES, FL 33133 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: P
Name: CHIRDARIS, GEORGE
Address: 55 EAST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

Title: VP
Name: CHIRDARIS, NICOLAS
Address: 55 EAST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

Title: MGR
Name: CHIRDARIS, PETER
Address: 55 EAST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

Title: M
Name: CHIRDARIS, GIORGO
Address: 55 EAST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

Title: M
Name: CHIRDARIS, PAUL
Address: 55 EAST SUNRISE AVENUE
City-St-Zip: CORAL GABLES, FL 33133

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: PETER CHIRDARIS

MGR

03/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date