

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03851

FILED
Jul 02, 2012
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:

2701 SOUTH BAYSHORE DRIVE
#303
COCONUT GROVE, 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:

CHIRDARIS, PETER
2701 SOUTH BAYSHORE DRIVE
#303
COCONUT GROVE, 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

OFFICERS AND DIRECTORS:

Title: P
Name: CHIRDARIS, GEORGE
Address: 2701 SOUTH BAYSHORE DRIVE #303
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP
Name: CHIRDARIS, NICOLAS
Address: 2701 SOUTH BAYSHORE DRIVE #303
City-St-Zip: COCONUT GROVE, FL 33133

Title: GM
Name: CHIRDARIS, PETER
Address: 2701 SOUTH BAYSHORE DRIVE #303
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: CHIRDARIS, GIORGO
Address: 2701 SOUTH BAYSHORE DRIVE #303
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: CHIRDARIS, PAUL
Address: 2701 SOUTH BAYSHORE DRIVE #303
City-St-Zip: COCONUT GROVE, 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

GM

07/02/2012

Electronic Signature of Signing Officer or Director

Date