# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2005**
**Secretary of State**

DOCUMENT# P00000036422

**Entity Name:** ULTRAFLEX DESIGNS, INC.

**Current Principal Place of Business:**

4201 WESTGATE AVENUE
SUITE A-10
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17812
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

**FEI Number: 65-1103209** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FERNANDEZ, NELLIE D
90 ABACO DRIVE
LAKE WORTH, FL 33461 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: FERNANDEZ, NELLIE D
Address: 90 ABACO DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: P ( ) Delete
Name: FERNANDEZ, FELIX
Address: 90 ABACO DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: S ( ) Delete
Name: FERNANDEZ, NELLIE D
Address: 90 ABACO DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: T ( ) Delete
Name: FERNANDEZ, FELIX
Address: 90 ABACO DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

**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:

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: NELLIE D. FERNANDEZ CEO 05/05/2005

Electronic Signature of Signing Officer or Director Date