2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATUR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P00000043371 1. Entity Name 04-28-2004 90274 042 ***150.00 H. FLEX INDUSTRIAL CORP. Principal Place of Business Mailing Address 1850 SW 30TH AVE PEMBROKE PARK FL 33005 1850 SW 30TH AVE ひてひてひひてや PEMBROKE PARK FL 33005 2. Principal Place of Business 3. Mailing Address Federal Hw 1309 N. Hede 1309 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) 4. FEI Number Applied For 65-1012543 40LLYW00D Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANTONIO MAHFU MAHFUX, ANTONIO 1950 SW 30TH AVE Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PARK FL 33009 1309 Federal City 8. The above named submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re tered agent. SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Make Check Payage to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE MAHFUZ, ANTONIO Addition NAME MAHFUZ, ANTONIO NAME 1309 N. Federal Hux 1950 SW 30TH AVE STREET ADDRESS STREET ADDRESS Hollywood - FL 33020 C(TY-ST-ZIP PEMBROKE PARK FL 33009 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.