

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084875

FILED
Mar 31, 2009
Secretary of State

Entity Name: SUPPORT FLEX CORPORATION

Current Principal Place of Business:

7032 CEDAR LANE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

7032 CEDAR LANE
BROOKSVILLE, FL 34601

New Mailing Address:

P.O.BOX 12206
BROOKSVILLE, FL 34603

FEI Number: 59-3697928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMUDEZ, GABRIEL
7032 CEDAR LANE
BROOKSVILLE, FL 34601 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: DP () Delete
Name: BERMUDEZ, GABRIEL
Address: 7032 CEDAR LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: VPD (X) Delete
Name: BERMUDEZ, HELENA
Address: 7032 CEDAR LANE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: GABRIEL BERMUDEZ

DP

03/31/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date