2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P01000048256** 1. Entity Name 04-19-2004 90246 047 ***150.00 FLOW SYSTEMS, INC. Principal Place of Business Mailing Address 3211 S PORT ROYALE DR #H FORT LAUDERDALE FL 33308 3211 S PORT ROYALE DR #H **26266026** FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 33306 1825 NE 26th DR Wilton MANON, FL 1825 NE 26th Dr. Wilfor manais FL33306 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-1115088 Wilton Not Applicable MANDY Nilton MANOR \$8.75 Additional 5. Certificate of Status Desired 3306 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UFFENS, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 3211 S PORT ROYALE DR #H FORT LAUDERDALE FL 33308 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D ☐ Delete TITLE Change Maddition UFFENS, STEPHEN R NAME NAME 1825 NE 26th DR STREET ADDRESS STREET ADDRESS 3211 S PORT ROYALE DR #H CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 receiver or 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

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