

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000047776

1. Entity Name
FLASH SALES INC.



Principal Place of Business
4401 N.W. 167 STREET
MIAMI, FL 33055

Mailing Address
4401 N.W. 167 STREET
MIAMI, FL 33055

FILED
Apr 21, 2004 08:00 AM
Secretary of State



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0026684

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQ.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RUB, BARRY 4401 NW 167 ST. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FRIJA, KEVIN 4401 NW 167 ST. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LEVY, JACOB 4401 NW 167 ST. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000122511
04/21/04-80031-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Frija Kevin Frija

4/15/04 305 474 7676