

2005 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 28, 2005 08:00 AM
Secretary of State



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0026684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000338979
04/28/05-80058-016 150.00

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IN THIS SPACE**

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 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:

Jacob Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 305-474767

Date

Daytime Phone #