

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 012 ***150.00

DOCUMENT # P02000089780 1. Entity Name FLO USA, INC.					
Principal Place of Business 4044 WEST LAKE MARY BLVD., UNIT 104-339 LAKE MARY, FL 32746-2012			Mailing Address 4044 WEST LAKE MARY BLVD. UNIT:104-339 LAKE MARY, FL 32746-2012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1970794	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATTHEWS, CANDACE T 4044 WEST LAKE MARY BLVD. UNIT:104-339 LAKE MARY, FL 32746-2012				Name Aras Cengiz Y Street Address (P.O. Box Number is Not Acceptable) 4044 West Lake Mary Blvd. Unit 104-339 City LAKE MARY FL Zip Code 32746-2012	
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: <u><i>[Signature]</i></u> CENGIZ Y ARAS PVST, D 1/25/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MATTHEWS, CANDACE T 4044 WEST LAKE MARY BLVD., UNIT 104-339 LAKE MARY, FL 327462012 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Aras Cengiz Y 4044 West Lake Mary Blvd. Unit 104-339 LAKE MARY, FL 32746-2012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> CENGIZ Y ARAS PVST, D 1/25/06 407-299-0086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					