

2004 FLEX CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-07-2004 90045 039 ***150.00

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1. Entity Name

FLEX CAFE, INC.



Principal Place of Business

13020 TELECOM PARKWAY
TEMPLE TERRACE FL 33637

Mailing Address

13020 TELECOM PARKWAY
TEMPLE TERRACE FL 33637

00411460



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3694833

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAULKNER, PATRICK
13020 TELECOM PARKWAY
TEMPLE TERRACE FL 33637

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.25.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAULKNER, MIA
STREET ADDRESS 13020 TELECOM PARKWAY
CITY- ST- ZIP TEMPLE TERRACE FL 33637

TITLE VD
NAME FAULKNER, PATRICK
STREET ADDRESS 13020 TELECOM PARKWAY
CITY- ST- ZIP TEMPLE TERRACE FL 33637

TITLE SD
NAME FAULKNER, HELEN
STREET ADDRESS 13020 TELECOM PARKWAY
CITY- ST- ZIP TEMPLE TERRACE FL 33637

TITLE TD
NAME FAULKNER, MICHAEL
STREET ADDRESS 13020 TELECOM PARKWAY
CITY- ST- ZIP TEMPLE TERRACE FL 33637

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-04 813
3967430