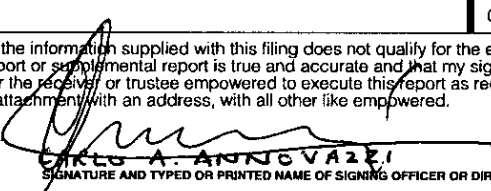


FILED
Aug 09, 2004 8:00 am
Secretary of State

04-14-2004 90035 044 ***150.00

56431583

DOCUMENT # P04000003681					
1. Entity Name COLORFLEX USA, INC.					
Principal Place of Business 15 SUNSHINE BLVD ORMOND BEACH, FL 32174			Mailing Address 15 SUNSHINE BLVD ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0633708	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANNOVAZZI, CARLO A 2900 N. ATLANTIC BLVD DAYTONA BEACH, FL 32118			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ANNOVAZZI, CARLO A <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANNOVAZZI, CARLO A		NAME		
STREET ADDRESS	2900 N. ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			7/30/04		386-672-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Check # 1004 \$150

Attachment COPY 6643/583



DOCUMENT # P04000003681

1. Entity Name: **COLORELEX USA, INC.**

Principal Place of Business: **15 SUNSHINE BLVD. ORMOND BCH, FL 32174**

Mailing Address: **15 SUNSHINE BLVD. ORMOND BCH, FL 32174**

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: **02132004** Chg-P: **CR2E034 (10/03)**

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

6. Name and Address of Current Registered Agent: **ANNOVAZZI, CARLO A. 2900 N ATLANTIC BLVD. DAYTONA BCH, FL 32118**

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: _____ 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ANNOVAZZI, CARLO A		NAME				
STREET ADDRESS	2900 N ATLANTIC BLVD		STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BCH, FL 32118		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 507, 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: _____ DATE: **04/02/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Doc # 0040000036871004

COLORFLEX USA INC. 01-04
386-572-7225
15 SUNSHINE BLVD.
ORMOND BEACH, FL 32174-2921

DATE 4/9/01

63-4/630-7
1577

PAY TO THE ORDER OF Florida Department of State \$ 150.00
one hundred fifty and no/100 DOLLARS

Bank of America



ACH # 083100217

FOR 2001 Corp Annual Report

Devo Beech



COPY

Attachment
00431583

COLORFLEX USA, Inc.
Sublimation Inks

August 4, 2004

Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Document Number: P04000003681

Dear Sir or Madam:

We refer to your notice of intent to dissolve. Upon inquiry with your Division, we were informed that a communication was sent out to us requesting our federal identification number. Unfortunately we never received this communication.

Therefore, following your Division's instructions, enclosed please find a completed 2004 Annual Report together with a copy of the 2004 For Profit Corporation Annual Report and a copy of check number 1004 as originally filed in April 2004.

Sincerely,


Sabrina Bertele

COLORFLEX USA, Inc.
Sublimation Inks

15 Sunshine Blvd. Ormond Beach, FL 32174