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

DOCUMENT # PO400003681 1. Entity Name					04-14-2004 90035 044 ***150.00		
COL	ORFLEX USA,	INC.					
Principal Plac	ce of Business	Mailing Address			`		
15 SUNSHINE BLVD 15 SUNSHINE BLVD						, •	•
ORMOND BEACH FL 32174 ORMOND BE							
	3 427 00, 12 32	,		,,,,,,			
2. Principal Place of Business		3. Mailing Address			56431583		
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-0633708		oplied For ot Applicable	
Zip	Country Zip Cour		Count	ry	5. Certificate of Status Desired S8.75 Additional		
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registere	Fee Require	d
Namo					7. Name and Address of New Registere	u Agens	
ANNOVAZZI, CARLO A				Observat Audens (F	Addition (DO D. Addition of D. Addit		
2 10 0 1 - 17 12 11 0 17 C 192 -					P.O. Box Number is Not Acceptable)		
DAY-	TONA BEACH, FL	32118					
				City	F	Zip Code	е
8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or registere	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature required	when reinstaling) DATE	E	
		9. Election Campai Trust Fund Cont	-	cing \$5.	00 May Be dd t≏		
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME	ANNOVAZZI, CARL	0 A	NAME	:			_
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CITY-ST-ZIP	DAYTONA BEACH F		_	ST-ZIP			
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition
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NAME ·			NAME	[· · · · · · · · · · · · · · · · · · ·		~ ~.~
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CITY-ST-ZIP	and the that the inform of the country to the	Main Elian alan and annual C		ST-ZIP	- 440 07/0VD CI - 1 - 2		
indicated of the cor	d on this report or supplemental report is reportation or the receiver or trustee empor	true and accurate and that newwered to execute this report	ny signati as requir	ure shall have the s ed by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further of ame legal effect as if made under oath; that Florida Statutes; and that my name appear	ertily that the in I am an officer is in Block 10 or	or director Block 11 if

SIGNATURE:

7/30/04 Date

386-672-7225

Daytime Phone #

Attribut

2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000003681 1. Entity Name: (*) COLORFLEX USA, INC. Principal Place of Business Mailing Address * 15 SUNSHINE BLVD ORMOND BOH, FL 32174 ORMOND BCH, FE. 32174°. THE RESERVE THE PROPERTY OF THE PARTY OF THE 2. Principal Place of Business 31 Mailing Addiess: Suite, Apt. #: etc. Suite, Apr. #, etc.. 02132004% # - Chg-P CR2E034 (10/03): City & State: City & State 4: FEI Number Applied For Not Applicable Zip. Country. Country \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNOVAZZI, CARLO A 2900 NIATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) DAYTONA BCHLFL 32118-City Zio Code FL 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, 1 am familiar with, and accept the obligations of registered agent. Signature, types or printed name or registered agent and title it applicable. (NOTE, Pegistered Agent Signature recorded when reinscolling) JAIS 9. Election Cambaign Financing \$5.00 May €e FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Delera 37.5 ANNOVAZZI; CARLO A MAME STREET ACCRESS 2900 N ATLANTIC BLVD 01TY-31-2(P DAYTONA BCH, FL 32118 ☐ Detere Change 1 Aggitton HAME STREET ADDRESS

10. 503 SAME STREET ADDRESS CITY-ST-EP TITLE JAME STREET ADDRESS CITY-ST-ZIP SITY-ST-EIP □ Oalete 71715 37. 5 . 🔲 Change___ 🗀 Addition HAME NAME_ STREET ADDRESS STREET ABORESS CITY-37-21P CITY-ST-ZIP TRE C Defete Dagge Dollibb4 MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-EP CITY-ST- AP ☐ Delete TITLE Change जा है Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TILE: Daiete . ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

12. I hereby certify that the information supplied with this filling 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

CHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04/02/04

Daytime Phone #

COLORFLEX USA INC.

15 SUNSHINE BLVD.

ORMOND BEACH, EL 321742921

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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

15 Sunshine Blvd. Ormand Beach, FL 32174