2005 FOR PROFIT CORPORATION ANNUAL-REPORT

SIGNATURE AND TYPED

TED NAME OF SIGNING OFFICER OR DIRECTOF

Secretary of State DOCUMENT # P04000124781 08-16-2005 90038 001 ***150.00 1. Entity Name FLEX EXPRESS, INC. Principal Place of Business Mailing Address 50061800 **4251 SW 21 STREET** 4251 SW 21 STREET FT LAUDERDALE, FL 33317 FT LAUDERDALE, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20 1584028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORENA, DATHAN Street Address (P.O. Box Number is Not Acceptable) 4251 SW 21 STREET FT LAUDERDALE, FL 33317 Zip 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition ☐ Delete TITLE GORENA, DATHAN NAME NAME STREET ADDRESS 4251 SW 21 STREET STREET ADDRESS FT LAUDERDALE, FL 33317 CITY-ST-74P CITY - ST - ZIP Delete TITLE TITLE Change Addition A SENDIE S. PATHAN 4211 SW 21 STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL. 33317 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Maddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this report or supplied with the 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 of 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 a faddress, with all other like empowered. SIGNATURE: 08-05-W

FILED Aug 16, 2005 8:00 am

Daytime Phone #

-- ATTACHMENT 50061800 --

Division Of Corporations
Annual Reports Section/Uniform Business Report Section
P.O. Box 6327
Tallahassee, Florida 32314

I am writing this letter on behalf of a new client, Flex Express, Inc.(#20-1584028), Who never received an initial Annual Report.

Upon realizing this fact, when they were referred to me, a duplicated copy was requested.

We were advised, upon contacting your office, to submit a one hundred and fifty dollar payment along with the enclosed copy.

We respectfully request that this payment be accepted, and Flex Express Inc. remain an active corporation in the state of Florida.

Thank you very much for your kind consideration.

Sincerely Yours,

Joseph H. Friedman

Tax Accountant