

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074742

Entity Name: FLEX PACKAGING CORP.

FILED  
May 05, 2010  
Secretary of State

## Current Principal Place of Business:

1043 94 STREET  
APT 6  
BAY HARBOR ISLAND, FL 33154 US

## New Principal Place of Business:

## Current Mailing Address:

1043 94 STREET  
APT 6  
BAY HARBOR ISLAND, FL 33154 US

## New Mailing Address:

FEI Number: 26-0501440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCOBAR, JORGE  
1043 94 STREET  
APT 6  
BAY HARBOR ISLAND, FL 33154 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: ESCOBAR, JORGE  
Address: 1043 94 STREET APT 6  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: VP  
Name: SANCHEZ, WILLIAM D  
Address: 12561 SW 118 TERRACE  
City-St-Zip: MIAMI, FL 33186 US

Title: SECT  
Name: ESCOBAR, JORGE  
Address: 1043 94 STREET APT 6  
City-St-Zip: BAY HARBOR ISLAND, FL 33154 US

Title: TREA  
Name: SANCHEZ, WILLIAM  
Address: 12561 SW 118 TERRACE  
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE ESCOBAR

PRES

05/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date