

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005443

Entity Name: FLX OF MIAMI, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

11700 NW 101 ROAD
21
MIAMI, FL 33178 US

Current Mailing Address:

P. O. BOX 327357
FT. LAUDERDALE, FL 33332 US

New Principal Place of Business:

10100 NW 116TH WAY
6
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 65-0545078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEEWALD, CRAIG W ST
11700 NW 101 ROAD #21
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SEEWALD, CRAIG W ST
10100 NW 116TH WAY
6
MEDLEY, FL 33178 US

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: CRAIG W. SEEWALD

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SEEWALD, CRAIG W ST
Address: 7750 FARRAGUT ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: V () Delete
Name: MAGNOLE, JOSEPH V VP
Address: 931 SW 189 TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P () Delete
Name: GOLDMAN, JOSEPH P
Address: 1430 NE 41 STREET
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: SEEWALD, CRAIG W ST
Address: 18951 SW 63RD ST
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG W. SEEWALD

S/T

04/09/2009

Electronic Signature of Signing Officer or Director

Date