

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90037 032 ***150.00

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1. Entity Name

FLEX ENTERPRISES, INC.



Principal Place of Business

2046 N. BAYSHORE DR.
MIAMI FL 33137
US

Mailing Address

2046 N. BAYSHORE DR.
MIAMI FL 33137
US

2. Principal Place of Business

3. Mailing Address

PO Box 330967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

Zip

Country

Zip

33233

Country

DADE

4. FEI Number

34-1232998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JOHNSON, CHARLES H.
201 S. BISCAYNE BLVD.
MIAMI CENTER, 10TH FLOOR
MIAMI FL 33131

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 IN 11

TITLE DP ☐ Delete
NAME FLECK, CHARLES R.
STREET ADDRESS 2046 N. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33137

TITLE PRES. ☒ Change ☐ Addition
NAME CHARLES FLECK
STREET ADDRESS PO BOX 330967
CITY-ST-ZIP COCONUT GROVE FL 33233

TITLE DST ☐ Delete
NAME STEWART, BARBARA
STREET ADDRESS 2046 N. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33137

TITLE EXEC V.P. ☒ Change ☐ Addition
NAME BARBARA STEWART
STREET ADDRESS PO BOX 330967
CITY-ST-ZIP COCONUT GROVE, FL 33233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREAS. ☐ Change ☒ Addition
NAME LANCER R. STEWART
STREET ADDRESS PO BOX 330967
CITY-ST-ZIP COCONUT GROVE, FL 33233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES FLECK

2/26/04 (305) 438 1108

Date

Daytime Phone #