


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000106020	
1. Entity Name FLEXXSPACE, INC.	

Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172	Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVY, JOEL
1400 N.W. 107TH AVENUE
MIAMI, FL 33172

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, MICHAEL M 1400 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVA LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARRIZURIETA, LUIS 1400 N.W. 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 N W 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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04/30/05-80097-003 150.00

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: Joel Levy Joel Levy Executive Vice President 4/15/05 (305) 392 4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #