


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P98000007985 1. Entity Name FLEXI BUILDING MANAGEMENT, INC.	
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Principal Place of Business 2140 SOUTH DIXIE HWY., STE. 301 MIAMI, FL 33133	Mailing Address 2140 SOUTH DIXIE HIGHWAY SUITE 301 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0851487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLINE, JONATHAN 9050 PINES BLVD., STE. 354 PEMBROKE PINES, FL 33024
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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, 2008 Fee will be \$550.00

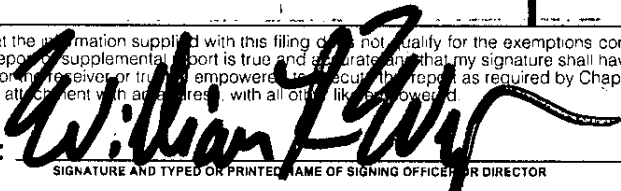
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WYLER, JOHN S 2140 SOUTH DIXIE HWY., STE. 301 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WYLER, WILLIAM R 2140 SOUTH DIXIE HWY., STE. 301 MIAMI, FL 33133
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01/16/08-80095-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like persons empowered.

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