

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000066129

1. Entity Name
MAILFLOW TECHNOLOGIES, INC.



Principal Place of Business
14062 NW 82ND AVENUE
MIAMI LAKES, FL 33016

Mailing Address
14062 NW 82ND AVENUE
MIAMI LAKES, FL 33016



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGANHEIM, ARTHUR B
14062 NW 82 AVENUE
MIAMI LAKES, FL 33016

**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, and accept the obligations of registered agent.

01/10/07-80093-024 150.00

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, 2007 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
D
NGUYEN, PETER
140623 NW 82 AVENUE
MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAGANHEIM, ARTHUR B
14062 NW 82 AVENUE
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PUJOL, EMERITO
14062 NW 82 AVENUE
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WERNIKOFF, IRA K
14062 NW 82 AVENUE
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an address, with another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

01/05/07 305-826-9446