


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90365 042 \*\*\*150.00

<b>DOCUMENT # P99000075262</b>		
1. Entity Name <b>FLEXES TRADING, INC.</b>		
Principal Place of Business <b>1215 FAIRLAKE TRACE #1001 FORT LAUDERDALE FL 33326-2804</b>		Mailing Address <b>3400 CORAL WAY SUITE 600 MIAMI FL 33145-3053</b>



2. Principal Place of Business		3. Mailing Address <b>4474 Weston Rd. # 215 Weston, FL. 33331</b>	
Suite, Apt. #, etc.			
City & State			
Zip	Country	Zip <b>33330</b>	Country

1st MOORE CR2E034 (10/05)

FBI Number <b>65-0952953</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>REYES, FRANCISCO 1215 FAIRLAKE TRACE #1001 FORT LAUDERDALE FL 33326-2804</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D REYES, FRANCISCO 1215 FAIRLAKE TRACE #1001 FORT LAUDERDALE FL 33328-2804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ZULUAGA, FRANCIA S 1215 FAIRLAKE TRACE #1001 FORT LAUDERDALE FL 33326-2804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:**  **Francisco Reyes** 04/13/06 954 3857340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #