2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65016

FILED Apr 12, 2006 Secretary of State

Entity Name: THERMOFLEX, INC.		•	
Current Principal Place of Business:	New Principal Place of I	New Principal Place of Business:	
9260 SUNSET DR., #215 MIAMI, FL 33173 US			
Current Mailing Address:	New Mailing Address:	ew Mailing Address:	
9260 SUNSET DR., #215 MIAMI, FL 33173 US			
FEI Number: 65-0360728 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
MORAN, OSVALDO 12180 SW 87 AVE MIAMI, FL 33176 US			
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered of	fice or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PSD () Delete	Title: PSTD (X)	Change () Addition	

Title: PSD () Delete Title: PSTD (X) Change () Addition Name: MORAN, OSVALDO MR Name: MORAN, OSVALDO MR Address: 12180 SW 87 AVENUE Address: 12180 SW 87 AVENUE City-St-Zip: MIAMI, FL 33176 US

Title: TD (X) Delete Title: () Change () Addition Name: MORAN, GISELA MS Name:

 Name
 Morran, GISELA MS
 Name

 Address:
 12180 SW 87 AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 DINER, MANUEL MR
 Name:

 Address:
 7735 NW 146 STREET, SUITE 300
 Address:

 City-St-Zip:
 MIAMI, FL 33016 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO A. MORAN PSTD 04/12/2006