2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V65016

Title:

Name:

Address: City-St-Zip: FILED Jan 13, 2003 Secretary of State

Entity Name: THERMOFLEX, INC. **Current Principal Place of Business: New Principal Place of Business:** 9260 SUNSET DR., #215 MIAMI, FL 33173 US **Current Mailing Address: New Mailing Address:** 9260 SUNSET DR., #215 MIAMI, FL 33173 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 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MORAN, OSVALDO MORAN, OSVALDO Name: Name: 12180 SW 87 AVENUE 12180 SW 87 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip: MIAMI, FL 33176 US Title: TD Title: () Delete (X) Change () Addition Name: MORAN, GISELA Name: MORAN, GISELA 12180 SW 87 AVENUE 12180 SW 87 AVENUE Address: Address: MIAMI, FL 33176 MIAMI, FL 33176 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition PORTVONDO, ALONSO HAYS, CAROL DR Name: Name: 9260 S.W. 72 ST SUITE 215 2455 S.W. 27 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33173 US City-St-Zip: MIAMI, FL 33145 US Title: () Delete Title: (X) Change () Addition GISELA MORAN, GUTIERREZ, GILBERT DR Name: Name: Address: 12180 SW 87 AVE Address: 9005 STRATFORD LANE City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name: Address:

City-St-Zip:

SIGNATURE: OSVALDO MORAN PSD 01/13/2003

() Delete

() Change (X) Addition

DINER, MANUEL

MIAMI, FL 33132

141 N.E. 3 AVENUE, SUITE 601