

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H03851

**Entity Name:** TRIFLEX ABRASIVES, INC.

**Current Principal Place of Business:**

5220 N.W. 72ND AVENUE  
# 22  
MIAMI, FL 33166

**Current Mailing Address:**

2701 SOUTH BAYSHORE DRIVE  
#303  
COCONUT GROVE, FL 33133

**FEI Number:** 59-2459544

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIRDARIS, PETER  
2701 SOUTH BAYSHORE DRIVE  
#303  
COCONUT GROVE, FL 33133 US

*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

**Officer/Director Detail :**

Title P  
Name CHIRDARIS, GEORGE  
Address 2701 SOUTH BAYSHORE DRIVE #303  
City-State-Zip: COCNUT GROVE FL 33133

Title VP  
Name CHIRDARIS, NICOLAS  
Address 2701 SOUTH BAYSHORE DRIVE #303  
City-State-Zip: COCONUT GROVE FL 33133

Title GM  
Name CHIRDARIS, PETER  
Address 2701 SOUTH BAYSHORE DRIVE #303  
City-State-Zip: COCONUT GROVE FL 33133

Title MGR  
Name CHIRDARIS, GIORGO  
Address 2701 SOUTH BAYSHORE DRIVE #303  
City-State-Zip: COCONUT GROVE FL 33133

Title MGR  
Name CHIRDARIS, PAUL  
Address 2701 SOUTH BAYSHORE DRIVE #303  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** GIORGO CHIRDARIS

**MANAGING MEMBER**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date