SIGNATURE: GIORGO CHIRDARIS

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2015 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

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

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	CHIRDARIS, GEORGE	Name	CHIRDARIS, NICOLAS
Address	2701 SOUTH BAYSHORE DRIVE #303	Address	2701 SOUTH BAYSHORE DRIVE #303
City-State-Zip:	COCNUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
T '41-		Title	MGR
Title	GM	The	MGR
Name	CHIRDARIS, PETER	Name	CHIRDARIS, GIORGO
Address	2701 SOUTH BAYSHORE DRIVE #303	Address	2701 SOUTH BAYSHORE DRIVE #303
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	MGR		
The	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

DIRECTOR

FILED Jan 12, 2015 Secretary of State CC8280599381

Certificate of Status Desired: No

01/12/2015 Date

Date