

**2019 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:**5220 N.W. 72ND AVENUE  
# 22  
MIAMI, FL 33166 US**FEI Number:** 59-2459544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIRDARIS, PETER  
5220 N.W. 72ND AVENUE  
# 22  
MIAMI, FL 33166 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	5220 N.W. 72ND AVENUE # 22
City-State-Zip:	MIAMI FL 33166

Title	VP
Name	CHIRDARIS, NICOLAS
Address	5220 N.W. 72ND AVENUE # 22
City-State-Zip:	MIAMI FL 33166

Title	GM
Name	CHIRDARIS, PETER
Address	5220 N.W. 72ND AVENUE # 22
City-State-Zip:	MIAMI FL 33166

Title	MGR
Name	CHIRDARIS, GIORGO
Address	5220 N.W. 72ND AVENUE # 22
City-State-Zip:	MIAMI FL 33166

Title	MGR
Name	CHIRDARIS, PAUL
Address	5220 N.W. 72ND AVENUE # 22
City-State-Zip:	MIAMI FL 33166

*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:** PETER CHIRDARIS

GM

03/06/2019

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