2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# P03000085063

Entity Name: REFLECTIONS CCC INC.

Current Principal Place of Business:

3920 MAX PLACE APT 104
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

3920 MAX PLACE APT 104
BOYNTON BEACH, FL 33436

New Mailing Address:

3920 MAX PLACE
APT 104
BOYNTON BEACH, FL 33436

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPANOVSKY, ANNA
3920 MAX PLACE APT 104
BOYNTON BEACH, FL 33436

Name and Address of New Registered Agent:

STEPANOVSKY, ANNA
3920 MAX PLACE
APT 104
BOYNTON BEACH, FL 33436

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: STEPANOVSKY ANNA 03/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JANOVSKY, PETR
Address: 3920 MAX PLACE APT 104
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DV ( ) Delete
Name: STEPANOVSKY, ANNA
Address: 3920 MAX PLACE APT 104
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV ( ) Change (X) Addition
Name: STEPANOVSKY, JAN
Address: 3920 MAX PLACE APT 104
City-St-Zip: BOYNTON BEACH, FL 33436

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.

SIGNATURE: STEPANOVSKY ANNA DV 03/08/2004
Electronic Signature of Signing Officer or Director Date