

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 576479

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC1024277572**

**Entity Name:** REFLECTIONS PRODUCTIONS, INC.

**Current Principal Place of Business:**

10765 WESTWOOD LAKE DRIVE  
MIAMI, FL 33165

**Current Mailing Address:**

10765 WESTWOOD LAKE DRIVE  
MIAMI, FL 33165

**FEI Number: 59-1880542**

**Certificate of Status Desired: No**

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

MITCHELL, THOMAS G.  
10765 WESTWOOD LAKE DRIVE  
MIAMI, FL 33165 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 PD  
Name MITCHELL, THOMAS G.  
Address 10765 WESTWOOD LAKE DR.  
City-State-Zip: MIAMI FL

Title V  
Name MITCHELL, SHAUN  
Address 10765 WESTWOOD LAKE DR.  
City-State-Zip: MIAMI FL

Title V  
Name DEAN, SCOTT  
Address 11445 S.W. 50TH TERRACE  
City-State-Zip: MIAMI FL

Title SD  
Name FABIANO, PATRICIA  
Address 11445 S.W. 50TH TERRACE  
City-State-Zip: MIAMI FL

*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: THOMAS G MITCHELL**

**PD**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date