

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576479

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

Title	V
Name	MITCHELL, SHAUN
Address	10765 WESTWOOD LAKE DR.
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