


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005329 1. Entity Name REFLEX CORPORATION OF AMERICA, INC.	
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Principal Place of Business 1329 HIGHWAY 95 NORTH, SUITE 10 BOX 804B GARDNERVILLE, NV 89410	Mailing Address 1329 HIGHWAY 95 NORTH, SUITE 10 BOX 804B GARDNERVILLE, NV 89410
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0324293	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNAMARA, PATRICK 940 SWEETWATER LANE, SUITE 405 BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST MCNAMARA, PATRICK 2857 SHERWOOD HEIGHTS DRIVE, UNIT 3 & 4 OAKVILLE, ONTARIO, CANADA L6J7J9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000010403
01/22/04-80030-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JAN. 14/04 <small>Date</small>	<small>Daytime Phone #</small>
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