

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90271 025 \*\*\*150.00

**DOCUMENT # L55778**

1. Entity Name

REF CON CORP.



Principal Place of Business

1500 N. FEDERAL HIGHWAY  
SUITE 200  
FT. LAUDERDALE FL 33304  
US

Mailing Address

1500 N. FEDERAL HIGHWAY  
SUITE 200  
FT. LAUDERDALE FL 33304  
US

2. Principal Place of Business

9715 W. Broward Blvd

Suite, Apt. #, etc.

Suite 310

City & State

Plantation, FL

Zip  
33324

Country  
USA

3. Mailing Address

9715 W. Broward Blvd

Suite, Apt. #, etc.

Suite 310

City & State

Plantation, FL

Zip  
33324

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0186131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN, MICHAEL ERIC  
1500 N. FEDERAL HIGHWAY  
SUITE 200  
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name Joan Edelstein

Street Address (P.O. Box Number is Not Acceptable)

9711 Weathervane Manor

City

Plantation

FL

Zip Code

33324

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

Joan Edelstein

Joan Edelstein, Pres.

3/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME EDELSTEIN, JOAN A.  
STREET ADDRESS 9711 WEATHERVANE MANOR  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Joan Edelstein

Joan Edelstein, Pres.

3/30/04

954-472-4054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #