

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98967

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** REFLECTION LIQUORS, INC.

**Current Principal Place of Business:**

678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

**FEI Number:** 65-0218701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAFF, AUDREY  
507 ANTILLES CT.  
MARCO ISLAND, FL 34145 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHAFF, AUDREY  
**Address:** 507 ANTILLES CT.  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

**Title:** VP  
**Name:** SHIGLEY, SCOTT  
**Address:** 678 BALD EAGLE DRIVE  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

**Title:** S  
**Name:** SHAFF, HOWARD  
**Address:** 507 ANTILLES CT.  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

**Title:** T  
**Name:** SHAFF, AUDREY  
**Address:** 507 ANTILLES CT.  
**City-St-Zip:** MARCO ISLAND, FL 34145 US

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:** AUDREY SHAFF

P

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date