## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P02000001270 02-13-2006 90007 026 \*\*\*150.00 1. Entity Name **REFLEXION ALF #2 INC.** TUCFIVUG Principal Place of Business Mailing Address 1010 NW 31ST AVENUE 1010 NW 31ST AVENUE MIAMI, FL ;3312-5 MIAMI, FL ;3312-5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 01-0556817 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA, CARLOS O Street Address (P.O. Box Number is Not Acceptable) 3609 SW 16 TR MIAMI, FL 33145 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PV/ST Change Addition ☐ Delete TITLE TITLE HERRERA, CARLOS O NAME NAME 3609 SW 16 TR STREET ADDRESS STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERRERA, CARLOS O NAME STREET ADDRESS 3609 SW 16 TR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2006 8:00 am

Daytime Phone #