

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90350 016 ***150.00

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03112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000064264 1. Entity Name REFRESHING IMAGE, INC.																											
Principal Place of Business 68 GROTON CITY RD GROTON, NY 13073 US		Mailing Address 68 GROTON CITY RD GROTON, NY 13073 US																									
2. Principal Place of Business 5791 SW 74 terrace Suite, Apt. #, etc. #35 City & State MIAMI, FL Zip 33133		3. Mailing Address 5791 SW 74 terrace Suite, Apt. #, etc. #35 City & State MIAMI, FL Zip 33133																									
4. FEI Number 20-1050308		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MILTON, JONATHAN 5791 SW 74TH TERRACE UNIT 35 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILTON, JONATHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>68 GROTON CITY RD.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GROTON, NY 13073</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	MILTON, JONATHAN		STREET ADDRESS	68 GROTON CITY RD.		CITY- ST- ZIP	GROTON, NY 13073		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">5791 SW 74 terrace</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>33143</td> <td></td> </tr> </table>		TITLE	5791 SW 74 terrace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI, FL		STREET ADDRESS			CITY- ST- ZIP	33143	
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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>		<div style="display: flex; justify-content: space-between;"> 3/29/04 607-351-2035 </div> <small>Date Daytime Phone #</small>																									