



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90153 043 ***150.00

DOCUMENT # P05000008357 1. Entity Name L & J REFLECTION, INC.					
Principal Place of Business 1350 N.E. 191 STREET B106 NORTH MIAMI BEACH, FL 33179				Mailing Address 1350 N.E. 191 STREET B106 NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business 1442 PATIO TERR Suite, Apt. #, etc. NORTH PORT City & State FL. 34286 Zip 34286 Country USA		3. Mailing Address 1442 PATIO TERR Suite, Apt. #, etc. NORTH PORT City & State FL. 34286 Zip 34286 Country USA			
4. FEI Number 20-2243827				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 GARY COOPER, CPA, PA 7152 N.W. 71 TERRACE PARKLAND, FL 33067			7. Name and Address of New Registered Agent Name LAURA IMRISEK Street Address (P.O. Box Number is Not Acceptable) 1442 PATIO TERR. City North Port State FL Zip Code 34286		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, LAURA 1350 N.E. 191 STREET APT B106 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMRISEK LAURA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1442 PATIO TERR NORTH PORT FL. 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James J. IMRISEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1422 PATIO TERR NORTH PORT FL. 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Laura J. Imrisek</u> March 7 2006 941-423-9324 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					