## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000100720

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE FLORIDA REFUND CENTER INC

() Delete

701 SE 6TH AVE, STE 102

DELRAY BEACH, FL 33483 US

COHEN, EREZ

FILED Jan 07, 2009 Secretary of State

Entity Nan	ne: THE FLO	RIDA REFUND (	JENTER INC.					
Current Principal Place of Business:				New Principal Place of Business:				
701 SE 6TH STE 102 DELRAY BI	HAVE EACH, FL 33	483 US						
Current Mailing Address:				New Mailing Address:				
701 SE 6TH STE 102 DELRAY BI	HAVE EACH, FL 33	483 US						
FEI Number:	20-5688580	FEI Number App	lied For ( )	El Number Not Appli	cable ( )	Certificate of Status De	sired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
MILLER, JC 2499 GLAD BOCA RAT	DHN P DES RD, STE : ON, FL 3343	305A 1 US						
The above in the State		submits this state	ment for the purp	oose of changing it	s registered o	office or registered age	ent, or both,	
SIGNATUR								
	Electron	nic Signature of R	egistered Agent			Date		
Election Cam	npaign Financing	g Trust Fund Contri	bution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DELANO, TARA 701 SE 6TH AV			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	COHEN, LISA 701 SE 6TH AV	) Delete /E, STE 102 :H, FL 33483 US		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address:	D () ROSETHAL, RY	) Delete YAN		Title: Name:	VPD (X ROSENTHAL, I	C) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

PD

COHEN, EREZ

701 SE 6TH AVE, STE 102

DELRAY BEACH, FL 33483 US

(X) Change ( ) Addition

SIGNATURE: EREZ COHEN PD 01/07/2009