

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133425

FILED
Jan 17, 2008
Secretary of State

Entity Name: REFLECTIONS RECOVERY CENTER, INC

Current Principal Place of Business:

5753 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5753 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-5753054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBERMAN & ASSOCIATES P.A.
800 E CYPRESS CREEK RD
#200
FT LAUDERDALE, FL 33334 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MESA, LEONEL E JR
Address: 5753 MIAMI LAKES DRIVE E
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: DEENA, WEISS
Address: 2100 NE 197 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: S () Delete
Name: LEDIA, URBANO
Address: 5753 MIAMI LAKES DRIVE E
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: RAYMOND, MESA D
Address: 5753 MIAMI LAKES DRIVE E
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MESA LEONEL E. JR.

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date