

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**


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01042005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
11-1791145	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

<p><b>DOCUMENT # P18414</b></p> <p><b>1. Entity Name</b>  <b>REFRON, INC.</b></p>	
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Principal Place of Business	Mailing Address
38-18 33RD STREET LONG ISLAND CITY, NY 11101	38-18 33RD STREET LONG ISLAND CITY, NY 11101

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		
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THE PRENTICE-HALL CORPORATION SYSTEM, INC.	Name
1201 HAYS STREET	Street Address
SUITE 105	
TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)


City	FI	Zip Code
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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) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KESTENBAUM, JAY J.		NAME		
STREET ADDRESS	11 MANOR LANE		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE, NY		CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KESTENBAUM, GERALD		NAME		
STREET ADDRESS	315 WEST 70TH STREET		STREET ADDRESS	1060 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK CITY, NY		CITY-ST-ZIP	NEW YORK N.Y. 10128	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

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 exemption stated in Section 119.07(3)(f), 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 empowers.

SIGNATURE: [Signature] 1-11-2005 718 392 8002