, 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| DOCUMENT # P18414 1. Entity Name REFRON, INC. | | | | Se | ecretar | y of Stat |
|--|--|----------------------------|---|--|---------------------------|----------------------------|
| 38-18 33RD STREET | ailing Address 18-18 33RD STREET ONG ISLAND CITY, NY 11101 | | | 188 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 | 1 ALBUM 11071 ANDLI BADIL | 1 3 1 1 1 1 1 1 |
| DO NOT WRITE IN THIS SPA | | CE | 01042007 No Chg-P CR2E034 (11/05) 4. FEI Number 11-1791145 Applied Far Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| THE PRENTICE-HALL CORPORATION SYS 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 8. The above named entity submits this statement for the particular the obligations of registered agent. SIGNATURE. | ourpose of changing its registere | ad office or register | IN T | NOT W | PACE | ar with, and accept |
| Signature, typed or printed name of registered agent and atle FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | d Agent signature required | 00 May Be ed to Fees | <u> </u> | DATE | |
| TITLE PD KESTENBAUM, JAY J. STREEI ADDRESS CITY-ST-ZIP LAWRENCE, NY TITLE SD KESTENBAUM, GERALD STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10128 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CTORS | | DO | 00000005 01/17/07-{ NOT W HIS SF | 80062-008 'RITE | 3 150.00 |

12. I hereby certify that the information supplied with this filing does not dually 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 the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and the true supplemental report is true and accurate and true supplemental report is true and accurate accurate and accurate and accurate and accurate and accurate accurate and accurate accurate and accurate accurate accurate and accurate accurate and accurate accurate accurate accurate accu

SIGNATURE: _

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR

JAY KESTENBAUM 1-8-0007 7/8 382-8002