FILED
Aug 09, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045573

1. Entity Name
REFLEX DESIGN, INC.

Principal Place of Business	Mailing Address
5219 N W 33 AVE FT LAUDERDALE, FL 33309 US	5219 N W 33 AVE FT LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE

08302004 No Chg-P OR2F034 (10/02)

4. FEI Number
65-0664692

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEFFREY
5219 N W 33RD AVE
FT LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	SMITH, JEFFREY
STREET ADDRESS	5219 N W 33 AVE
CITY-ST-ZIP	FT LAUDERDALE, 33 33309
TITLE	M
NAME	PAYNE, JONATHAN
STREET ADDRESS	5219 N W 33 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/09/04-80005-020 590.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeffrey A. Smith 8/3/04 954-677-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number