


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S06400

1. Entity Name
VIDEO REFLECTIONS, INC.



Principal Place of Business
20846 SUGARLOAF LANE
BOCA RATON, FL 33428

Mailing Address
20846 SUGARLOAF LANE
BOCA RATON, FL 33428



06012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0229519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPHAN, PHILIP J
20846 SUGARLOAF LANE
BOCA RATON, FL 33428-4528

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPHAN, PHILIP J 20846 SUGARLOAF LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAPHAN, CAROL J 20846 SUGARLOAF LANE BOCA RATON, FL
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 06/04/04-80002-016 150.00

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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: Philip J. Raphan **6-1-04** **561-945-7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #