

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90028 042 ***150.00

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DOCUMENT # S46011 1. Entity Name REFLECTIONS OF BOCA, INC.					
Principal Place of Business 100 EAST LINTON BLVD SUITE 503A DELRAY BEACH, FL 33483 US			Mailing Address 100 EAST LINTON BLVD SUITE 503A DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box # 2200 N.W. CORPORATE BLVD			3. Mailing Address 		
Suite, Apt. #, etc. BOCA RATON			Suite, Apt. #, etc. 		
City & State FL.			City & State 		
Zip 33431		Country FLM Bch.		Zip 	
Country 		Country 		4. FEI Number 65-0256631	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PRINCE, ELAYNE 100 E LINTON BLVD 503A DELRAY Bch. FL 33483	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL				Zip Code 	
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)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PRINCE, ALLEN		<input type="checkbox"/> Delete		
STREET ADDRESS 626 BOCA MARINE CT	CITY-ST-ZIP BOCA RATON, FL 33431		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME PRINCE, ELAYNE		<input type="checkbox"/> Delete		
STREET ADDRESS 100 E LINTON BLVD	CITY-ST-ZIP DELRAY Bch. FL 33483		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					