

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011987

**Entity Name:** A REFLECTION OF ME, INC.**Current Principal Place of Business:**186 NW 88 ST  
EL PORTAL, FL 33150**Current Mailing Address:**186 NW 88 ST  
EL PORTAL, FL 33150 US**FEI Number:** 82-3687540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMOTHEE, LEONIE  
186 NW 88 ST  
EL PORTAL, FL 33150 US*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.***SIGNATURE:** LEONIE TIMOTHEE

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRPERSON  
Name PHILIPPE CORIOLAN, ROSE  
Address 8620 NW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER  
Name JEAN, MIKE  
Address 186 NW 88 ST  
City-State-Zip: EL PORTAL FL 33150

Title SECRETARY  
Name BOUCARD, AULDITH  
Address 2551 NE 182ND ST  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title ARTISTIC DIRECTOR  
Name MATHIAS, ISAIE  
Address 18520 NORTHWEST 67TH AVENUE  
166  
City-State-Zip: MIAMI FL 33015

Title EXECUTIVE DIRECTOR  
Name TIMOTHEE, LEONIE  
Address 186 NW 88 ST  
City-State-Zip: EL PORTAL FL 33150

Title ASST. SECRETARY  
Name SAINT LOUIS, BELYNDA  
Address 18520 NW 67TH AVE  
166  
City-State-Zip: MIAMI FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONIE TIMOTHEE**EXECUTIVE DIRECTOR**

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date