


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000105834
 1. Entity Name
 SYNTHETIK KREATIONS, INC.



Principal Place of Business 19595 NE 10TH AVE SUITE A NORTH MIAMI BEACH, FL 33179 US	Mailing Address 19595 NE 10TH AVE SUITE A NORTH MIAMI BEACH, FL 33179 US
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

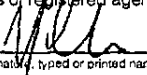
4. FEI Number 65-0808109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUCKMANN, JERRY
 19595 NE 10TH AVE
 BAY A
 N MIAMI BEACH, FL 33179

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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: 2/15/05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DRUCKMAN, JERRY
STREET ADDRESS	19595 NE 10TH AVE BAY A
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	DRUCKMANN, YEHUDITH
STREET ADDRESS	19595 NE 10TH AVE BAY A
CITY - ST - ZIP	N MIAMI BEACH, FL 33179
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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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:  DATE: 2/15/05 (305) 4211143 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR