



FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10038262

DOCUMENT # P98000089996		
1. Entity Name CREATIVE MINDWORKS, CORP.		
Principal Place of Business 20191 NE 16 PLACE STE 100 AVENTURA, FL 33179		Mailing Address 20191 NE 16 PLACE STE 100 AVENTURA, FL 33179
2. Principal Place of Business <i>2030 NE 198 TERR</i>		3. Mailing Address <i>2030 NE 198 TERR</i>
City & State <i>MIAMI FL 33179</i>		City & State <i>MIAMI, FL 33179</i>
Zip		Country
4. FEI Number 65-0870255		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ZARETSKY, LOUIS ESQ RITTER, RITTER AND ZARETSKY, P.A. 666 N.E. 16TH STREET, SUITE 101 MIAMI, FL 33130		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when substituting)</small>		DATE _____
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, LIZETTE 2030 N.E. 198TH TERRACE AVENTURA, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, ALEJANDRO 2030 N.E. 198TH TERRACE AVENTURA, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>VICE PRESIDENT 3/5/03 305 9334533</i> <small>Date Daytime Phone</small>

\$150-

CH2E034 (10/02)