	003 FOR PRO IFORM BUSIN				Apr 21, 2003 8:00 a Secretary of State	m	
DOCUMENT # 349743 1. Entity Name					Secretary of State 04-21-2003 90341 029 ***150.00		
	ETTE CREATIVE SUPPLIE	ES, INC.			04-21-2003 30341 023 130.00		
Principal Place of Business 125 NE 26TH ST MIAMI FL 33137		Mailing Address 125 NE 26TH ST MIAMI FL 33137					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		····	CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-1269116 Applied F		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent		
KAUFMAN,SIDNEY				Name	Name		
125 NE 26 ST				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL							
				City	FL Zip Code		
	named entity submits this statementions of registered agent.	nt for the purpose of chang	ing its registere	L ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept	
SIGNATURE .		<u></u>				_	
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registere	d Agent signature required	ed when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.6 k Payable to Florida Departmen	I			9. Election Campaign Financing \$5.00 May Trust Fund Contribution.		
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD KAUFMAN,SIDNEY	☐ Delete	TITLE	į.	☐ Change ☐ Ar	ddition	
STREET ADDRESS			•	et address		.	
CITY-ST-ZIP	Ý-ST-ZIP MIAMI FL		CITY	- ST- ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Ac	ddition	
NAME .	105 115 00 07		NAM	.		}	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			ET ADDRESS -ST-ZIP			
TITLE	V	Oelete	, TITLE		Change - A	dition	
NAME	CARMEL, ANDREA		NAM			1	
STREET ADDRESS CITY-ST-ZIP	125 NE 26TH ST MIAMI FL			ET ADDRESS -ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Ac	Idition	
NAME	WEIMBRUM, GAIL		NAM	li .		}	
STREET ADDRESS CITY-ST-ZIP	125 NE 26TH ST MIAMI FL			ET ADDRESS -ST-ZIP			

12. I hereby certify that the information supplied with this filling 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 attachmen withan address, with all other life empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

KAUFMAN, STUART

MIAMI FL

125 NE 26TH STREET

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

■ Addition