

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90004 013 ***150.00

DOCUMENT # 382751	
1. Entity Name CREATIVE INVESTMENT SERVICES, INC.	

Principal Place of Business 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027 US	Mailing Address CREATIVE INVESTMENT SERVICES, INC. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027
---	---

50002438



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1354588	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORENCE, WILLIAM I. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLORENCE, WILLIAM I. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 331346027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William I. Florence 100 Almeria Avenue, Suite 208 Coral Gables, FL 331346027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William I. Florence 01/11/05 (305) 444-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #