

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005796

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: HGX CREATIVE, INC.

## Current Principal Place of Business:

1001 NW 62ND ST. UNIT #310  
FT. LAUDERDALE, FL 33309

## New Principal Place of Business:

441 SALEM END RD  
FRAMINGHAM, MA 01702 55

## Current Mailing Address:

1001 NW 62ND ST. UNIT #310  
FT. LAUDERDALE, FL 33309

## New Mailing Address:

441 SALEM END RD  
FRAMINGHAM, MA 01702 55

FEI Number: 16-1625400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: NIERMAN, DEBORAH A  
Address: 2256 S.E. 13TH ST. IT #310  
City-St-Zip: POMPANO BEACH, FL 33062

Title: DS ( ) Delete  
Name: GOLDMAN, ELAINE  
Address: 5200 NO OCEAN BLVD APT 915  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: DT ( ) Delete  
Name: GOLDMAN, AARON M  
Address: 5200 NO. OCEAN DR.  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: CLOPPER, NANCY  
Address: 2256 S.E. 13TH ST.  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON M GOLDMAN

TREA

01/14/2008

Electronic Signature of Signing Officer or Director

Date