## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 10, 2008 8:00 am Secretary of State DOCUMENT # K42857 03-10-2008 90073 050 \*\*\*150.00 1. Entity Name CREATIVE TERRAZZO SYSTEMS, INC. Principal Place of Business Mailing Address 40045260 7450 NW 66 ST. 7450:NW 66 ST MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0097229 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALDERBANK, JOHN Street Address (P.O. Box Number is Not Acceptable) 421 NW 156 LANE PEMBROKE PINES, FL 33028 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE growing the state of ال 13 الى ي 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Dolete TITLE ☐ Change ☐ Addition NAME CALDERBANK, JOHN NAME STREET ADDRESS 421 NW 156 LANE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALDERBANK, BARBIE NAME NAME 421 NW 156 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP Change Addition TITLE - Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ڃ

**FILED**