


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K50497 1. Entity Name CREATIVE PIZZAS, INC.																																																						
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 19329 NW 2ND AVE MIAMI, FL 33169 US </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 19329 NW 2ND AVE MIAMI, FL 33169 US </td> </tr> </table>			Principal Place of Business 19329 NW 2ND AVE MIAMI, FL 33169 US	Mailing Address 19329 NW 2ND AVE MIAMI, FL 33169 US																																																		
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6. Name and Address of Current Registered Agent BRADFORD, TERRY 19329 NW 2ND AVE MIAMI, FL 33169		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td rowspan="6" style="text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </td> </tr> <tr> <td>NAME</td> <td>TERRY, BRADFORD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>19329 N.W. 2ND AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33169</td> </tr> <tr> <td>TITLE</td> <td>T</td> </tr> <tr> <td>NAME</td> <td>VAGIAS, ANNETTE TERRY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7545 S.W. 61 STREET</td> <td rowspan="6" style="text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td rowspan="6" style="text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td rowspan="6" style="text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D	DO NOT WRITE IN THIS SPACE	NAME	TERRY, BRADFORD	STREET ADDRESS	19329 N.W. 2ND AVENUE	CITY-ST-ZIP	MIAMI, FL 33169	TITLE	T	NAME	VAGIAS, ANNETTE TERRY	STREET ADDRESS	7545 S.W. 61 STREET	DO NOT WRITE IN THIS SPACE	CITY-ST-ZIP	MIAMI, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		DO NOT WRITE IN THIS SPACE	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		DO NOT WRITE IN THIS SPACE	CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 807, 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: <u>Annnette 2 Vagias</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/16/06</u> 3056549113 <small>Daytime Phone #</small>																																																				



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0083872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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01/25/06-80049-012 150.00