

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L41416**

1. Entity Name  
**CUSTOM CREATIVE DESIGNS INC.**



Principal Place of Business  
**133 NE 100 ST**  
**MIAMI SHORES, FL 33138 US**

Mailing Address  
**133 NE 100 ST**  
**MIAMI SHORES, FL 33138 US**



04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0164982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STALEY, WILLIAM**  
**133 NE 100 ST**  
**MIAMI SHORES, FL 33138**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	WILLIAM, STANLEY
STREET ADDRESS	133 NE 100 ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	VT
NAME	STACEY, JODY ROWE
STREET ADDRESS	133 NE 100TH STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000519056  
05/02/06-80038-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/06** **305 757 8994**  
Date Daytime Phone #