


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90219 046 ***150.00

DOCUMENT # M07081	
1. Entity Name CREATIVE BUSINESS PROMOTIONS, INC.	

Principal Place of Business 8407 MARSALA WAY BOYNTON BEACH, FL 33437	Mailing Address 8407 MARSALA WAY BOYNTON BEACH, FL 33437
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50052039

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2458454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIPNACK, MARTIN I 8407 MARSALA WAY BOYNTON BEACH, FL 33437		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LIPNACK, ROCHELLE E. 8407 MARSALA WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Rochelle E. Lipnack</i> ROCHELLE E. LIPNACK 5/9/05 21-375-9353	Daytime Phone #
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50052039

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 2, 2005

CREATIVE BUSINESS PROMOTIONS, INC.
8407 MARSALA WAY
BOYNTON BEACH, FL 33437

SUBJECT: CREATIVE BUSINESS PROMOTIONS, INC.
Ref. Number: M07081

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

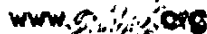
Letter Number: 405A00031185

TO whom it May Concern,

I did send in the form with my check. I printed off the computer + sent it with my check.

However here the form signed again: Thank You,

Dorhelle Lepus

50052039
Division of Corporations

Annual Report

Document Number

M07081

Business Entity Name

CREATIVE BUSINESS PROMOTIONS, INC.

*sent
check # 6757
\$ 150.00
4/14/05*

FEI Number

592458454

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

8407 MARSALA WAY

Suite, Apt. #, etc.

City, State

BOYNTON BEACH

, FL

Zip Code & Country 33437

Mailing Address

Address

8407 MARSALA WAY

Suite, Apt. #, etc.

City, State

BOYNTON BEACH

, FL

Zip Code & Country 33437

Name And Address of Registered Agent

Name (Last, First, Middle, Title) LIPNACK

, MARTIN

, I

-or- RA Business Name

Address

8407 MARSALA WAY

Suite, Apt. #, etc.

City, State

BOYNTON BEACH

, FL

Zip Code & Country

33437

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

M07081
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forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title DP
Name (Last, First, Middle, Title) , , ,
-or- Entity Name LIPNACK, ROCHELLE E.
Street Address 8407 MARSALA WAY
City, State BOYNTON BEACH , FL
Zip Code & Country 33437

Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,
-or- Entity Name
Street Address
City, State ,
Zip Code & Country

M07081
50052039

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature **Rochelle E. Lipnack**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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