2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # M55622 1. Entity Name CREATIVE ACCENTS OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business C/O K. HEATHER MOLANS 16100 SW 173 AVE C/O K. HEATHER MOLANS 16100 SW 173 AVE MIAMI FL 33187 **MIAMI FL 33187** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0024506 Not Applicable Zip \$8.75 Additional Ζŧρ Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOLANS, K. HEATHER 16100 SW 173 AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33187** City 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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΩP Change Addition TIBLE ☐ Delete TIBLE MOLANS, K. HEATHER MAME NAME U00000037207 02/06/04-80082-021 150.00 16100 SW 173 AVE STREET ADDRESS STREET ADDRESS 48.32-433 CXY - ST- ZW MIAMI FL ST ☐ Defete ☐ Change Addition THE THE MOLANS, JAMES A. NAME NAME STREET ADDRESS 16100 SW 173 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Channe ☐ Addition BUL THE F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 305 Delete mle Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZSP CITY-ST-ZIP thereby 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 attackment with an address with all other like empowered.

FILED

SIGNATURE: JAMES A. MOLANS SEC/TREAS. Feb.3,2004 (305)6660345