


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**


04-25-2005 90237 029 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N01000002950</b>                           |  |
| 1. Entity Name<br><b>CREATIVE ARTS ENTERPRISES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>59 NE 46 STREEET<br/>MIAMI FL 33137</b> | Mailing Address<br><b>59 NE 46 STREEET<br/>MIAMI FL 33137</b> |
|---|---|

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

**20043372**



1st MOORE CR2E037 (10/04)

|  |  |
|--|--|
| 4. FEI Number<br><b>31-1792839</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WEDNER, ELLEN L<br/>59 NE 46 STREEET<br/>MIAMI FL 33137</b> |  |
|---|--|

|  |                   |
|--|-------------------|
| 7. Name and Address of New Registered Agent              |                   |
| 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.

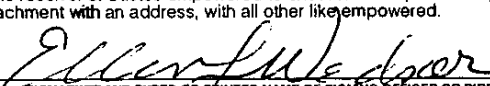
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>WEDNER, ELLEN L<br>59 NE 46 STREEET<br>MIAMI FL 33137                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>WILLIFORD, DOUG<br>1061 MERIDIAN AVE, STE 2 A<br>MIAMI BEACH FL 33139       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>TILLER, J HOWELL MD<br>1061 MERIDIAN AVE, STE 2 A<br>MIAMI BEACH FL 33139   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>CRIBBEN, MICHAEL<br>16 EAST 17 STREET<br>NEW YORK NY 10003                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>BRESLIN, RAY<br>2395 LAKE PANCOAST DR #4<br>MIAMI BEACH FL 33140 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input type="checkbox"/> Delete<br>BURSTEIN, HARVEY<br>1775 WASHINGTON AVE PH2<br>MIAMI BEACH FL 33139-7544    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Barry Steinman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>555 NE 34 ST<br>Apt. 2202<br>Miami, FL 33137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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:**  **305-573-6477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #