


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90414 018 \*\*\*\*70.00

<b>DOCUMENT # N01000002950</b> 1. Entity Name <b>CREATIVE ARTS ENTERPRISES, INC.</b>					
Principal Place of Business <b>59 NE 46 STREEET MIAMI FL 33137</b>			Mailing Address <b>59 NE 46 STREEET 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	4. FEI Number <b>.31-1792839</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E037 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEDNER, ELLEN L 59 NE 46 STREEET MIAMI FL 33137</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code         </div>	
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) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEDNER, ELLEN L		NAME	Matthew May	
STREET ADDRESS	59 NE 46 STREEET		STREET ADDRESS	1110 Pennsylvania Avenue #12	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIFORD, DOUG		NAME	RYAN CAPIRO	
STREET ADDRESS	1061 MERIDIAN AVE, STE 2 A		STREET ADDRESS	971 SW 154th PATH	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Miami, FL 33194	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLER, J HOWELL MD		NAME		
STREET ADDRESS	1061 MERIDIAN AVE, STE 2 A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRIBBEN, MICHAEL		NAME		
STREET ADDRESS	16 EAST 17 STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINMAN, BARRY		NAME		
STREET ADDRESS	555 NE 34 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURSTEIN, HARVEY		NAME		
STREET ADDRESS	1775 WASHINGTON AVE PH2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139-7544		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.					
<b>SIGNATURE:</b> <i>Ellen L. Wedner</i> <b>ELLEN L. Wedner</b> <b>4/14/06</b> <b>305-573-2375</b>					