2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N01000002950

Entity Name: CREATIVE ARTS ENTERPRISES, INC.

Current Principal Place of Business:

59 NE 46 STREEET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

59 NE 46 STREEET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 31-1792839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEDNER, ELLEN L
59 NE 46 STREEET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WEDNER, ELLEN L	
Address:	59 NE 46 STREEET	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	WILLIFORD, DOUG	
Address:	1061 MERIDIAN AVE, STE 2 A	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	TILLER, J HOWELL MD	
Address:	1061 MERIDIAN AVE, STE 2 A	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	CRIBBEN, MICHAEL	
Address:	16 EAST 17 STREET	
City-St-Zip:	NEW YORK, NY 10003	
Title:	D	( ) Delete
Name:	MAY, MATTHEW	
Address:	1110 PENNSYLVANIA AVE #12	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	BURSTEIN, HARVEY	
Address:	1775 WASHINGTON AVE PH2	
City-St-Zip:	MIAMI BEACH, FL 331397544	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN L. WEDNER D 03/17/2009

Electronic Signature of Signing Officer or Director — Date