2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005194

1. Entity Name
CREATIVE CHILDREN THERAPY, INC.

Principal Place of Business	Mailing Address
12608 SW 88TH ST. MIAMI, FL 33186	12608 SW 88TH ST. MIAMI, FL 33186

06302006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2116901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORFILA, MARIA R
12608 SW 88TH ST.
MIAMI, FL 33186

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	ORFILA, MARIA R
STREET ADDRESS	12608 SW 88 STREET
CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	S
NAME	ORFILA, MARIA R
STREET ADDRESS	12608 SW 88TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DP
NAME	MENENDEZ, LISSETTE
STREET ADDRESS	12608 SW 88 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	VILLASANTE, ROBERTO
STREET ADDRESS	12608 SW 88 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	ARRAZOLA, MARIA C
STREET ADDRESS	12608 SW 88 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/06-80002-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maria R Orfila 6/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #