


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90002 002 ***150.00

DOCUMENT # P00000002835	
1. Entity Name M AND S CREATIONS, INC.	

Principal Place of Business 2699 STIRLING ROAD SUITE B-206 FORT LAUDERDALE, FL 33312	Mailing Address 2699 STIRLING ROAD SUITE B-206 FORT LAUDERDALE, FL 33312
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2. Principal Place of Business 21000 Bick Rd (Rt 9)	3. Mailing Address
Suite, Apt. #, etc. A 14	Suite, Apt. #, etc.
City & State DADE COUNTY FL	City & State
Zip 33433	Country USA



05162005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0990448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAIN, RONALD D CPA 2699 STIRLING ROAD SUITE B-206 FORT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTTENTAG, MINDY S 2699 STIRLING RD., STE B-206 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDNICK, STACEY H 2699 STIRLING RD., STE B-206 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 607, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/11/05** Daytime Phone #: **813 568 2882**