

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM  
Secretary of State

DOCUMENT # P00000030723

1. Entity Name  
SOUTHPAW CREATIVES, INC.



Principal Place of Business  
212 SOUTHWEST 18TH AVE  
FT LAUDERDALE, FL 33312

Mailing Address  
212 SOUTHWEST 18TH AVE  
FT LAUDERDALE, FL 33312



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0986263

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIROCCO, LORI E  
212 SOUTHWEST 18TH AVE  
FT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000589884  
01/17/07-80089-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DIROCCO, LORI E  
STREET ADDRESS 212 SOUTHWEST 18TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 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: Lori E. DiRocco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07 954-205-1321

Date

Daytime Phone #