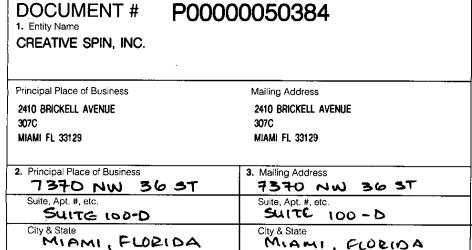
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P00000050384	
CREATIVE SPIN, INC.		

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90328 011 ***150.00





	Place of Business O NW 36 ST	3. Mailing Address すろその へい	36 ST			ili 68341 96161 90141 96468 11191 	, isili sisi 1791
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE	
City & Stat	176 100-D	City & State	-0		4. FEI Number		pplied For
MI	AMI, FLORIDA	MIAMI, F	ACISO		65-1012022	, 	ot Applicable
Zip 33	Country MANIDAGE	Zip 33166	Country MIAMI DI	A OE	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	Registered Agent			7. Name and Address of New F	legistered Agent	
1441.5011	100 010100		Name	LUC	1A BERNAL		
	ADO, CARLOS		Street A	ddress (P	O. Box Number is Not Acceptable	<u>∍)</u>	
	CKELL AVE			73			
307C Miami Fl	22120			SUIT	TE 100 - D		
MIAMI FL	33129		City	MIA	M	FL Zip Cod	6 660
8. The above	named entity submits this statement for	the purpose of changing its	regis re red office or	registere	d agent, or both, in the State of Fk	orida.	
•	Suis 8	R		l.M.	Idamsh .	N 201	2
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signatu	re required w	/hen reinstating)	DATE	<u> </u>
		<u> </u>	· · ·				
	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200	! FEE IS \$150.0		10. Election Campaign Fir		10 May Be
•	ria on back)	Make Check Payabl			Trust Fund Contributio	n. 🗀 Added	d to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	DP	🔀 Delete	TITLE	DP		☐ Change	Addition
NAME OTREET LODDESO	MALDONADO, CARLOS	ľ	NAME	يير	ONW BEANAL	WTC 100-D	·
STREET ADDRESS CITY-ST-ZIP	2410 BRICKELL AVE #307C MIAMI FL 33129		STREET ADDRESS CITY-ST-ZIP	Colorado de la Colora	AM EL BENE	,	
TITLE	Mirani i C GO I ZO	☐ Delete	TITLE	14,544,1	HANTAL BBIBI	Change	☐ Addition
NAME		Delete .	NAME			Change	☐ Addition }
STREET ADDRESS	·		STREET ADDRESS		•		
CITY_ST_ZIP		ر چیست	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			Change Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				÷- *
CITY-ST-ZIP			CITY-ST-ZIP			*	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP				
NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE '		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ARRIBESS			NAME			•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
13. I hereby c	ertify that the information supplied with the	nis filing does not qualify for t	he exemption state	ad in Secti	ion 119 07(3)(i) Florida Statutos I	further certify that the in	formation
of the corp	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wit	rue and accurate and that my rered to execute this report a	/ Signafiire shall ha	wa tha car	me legal effect so if made under e	ath, that I am an afficer.	ar alicantar