
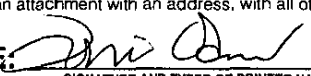


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90981 040 ***150.00

DOCUMENT # P00000057021 1. Entity Name CERVANTES CREATIVE SUPPORT, INC.					
Principal Place of Business 225 E. CROTON AVE #7 PALM BEACH GARDENS, FL 33410			Mailing Address 225 E. CROTON AVE #7 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1023474	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAYNE, LINDA N CPA 242 ALPINE ROAD WEST PALM BEACH, FL 33405				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		<input type="checkbox"/> Delete		
NAME	ODUM, LORRAINE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	225 E. CROTON AVE #7		TITLE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME		
TITLE	<input type="checkbox"/> Delete		STREET ADDRESS		
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP		
STREET ADDRESS	<input type="checkbox"/> Delete		TITLE		
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME		
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:  Lorraine Odum			4/22/04 361/222-0183 <small>Date Daytime Phone #</small>		