

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90299 011 ***158.75

DOCUMENT # P00000110908

1. Entity Name
CRE8ME, INC.



Principal Place of Business
**1926 HOLLYWOOD BLVD.
SUITE #101
HOLLYWOOD, FL 33020**

Mailing Address
**1926 HOLLYWOOD BLVD.
SUITE #101
HOLLYWOOD, FL 33020**

34033043



2. Principal Place of Business
1924-A HOLLYWOOD BLVD

3. Mailing Address
1924-A HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-P CR2E034 (10/03)

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number
65-1062485

Applied For
Not Applicable

Zip Country
33020 U.S.A.

Zip Country
33020 U.S.A.

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

6. Name and Address of Current Registered Agent

**ALBO, JAMES V
2020 NE 163RD STREET #300
N MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **OLSEN, THOMAS**
STREET ADDRESS **1025 WASHINGTON STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **DV** ☐ Delete
NAME **REINFELD, LEO**
STREET ADDRESS **1615 SOUTH 14TH AVE STE #17**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **DS** ☐ Delete
NAME **REINFELD, KILAY**
STREET ADDRESS **1815 SHERINGTON PL V214**
CITY-ST-ZIP **NEWPORT BEACH, CA 92663**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Thomas Olsen* (THOMAS A. OLSEN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2004
Date

954-927-1924
Daytime Phone #