

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002232

Entity Name: CLAUDIA'S CREATIONS, INC.

FILED
Feb 04, 2004
Secretary of State

Current Principal Place of Business:

216 E BAYRIDGE DR
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

216 E BAYRIDGE DR
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1064274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNELL, CLAUDIA
216 E BAYRIDGE DR
WESTON, FL 33326

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHNELL, CLAUDIA
Address: 351 LAKE CREST COURT
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: SERRANO, WILLIAM
Address: 351 LAKE CREST CT.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHNELL, CLAUDIA
Address: 216 E. BAYRIDGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: T (X) Change () Addition
Name: SERRANO, WILLIAM
Address: 216 E. BAYRIDGE DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA SCHNELL

P

02/04/2004

Electronic Signature of Signing Officer or Director

Date