

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90884 022 \*\*\*150.00

DOCUMENT # P01000008261  
1. Entity Name  
**HYPER CREATIVES DESIGNS CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7220 NW 36 ST</b> Suite, Apt. #, etc. <b># 601</b>	3. Mailing Address <b>7220 NW 36 ST</b> Suite, Apt. #, etc. <b># 601</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33166</b> Country <b>USA</b>	Zip <b>33166</b> Country <b>USA</b>

4. FET Number <b>65-1066707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>GREGORY FERDOMO</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1511 WEST 41 PL</b>
City <b>Hialeah</b> FL Zip Code <b>33012</b>

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.

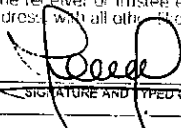
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 <i>Make Check Payable to Department of State</i>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	NAME <b>William Bosilevac</b>	TITLE	
STREET ADDRESS <b>7220 NW 36 ST. # 601</b>	CITY- ST- ZIP <b>MIAMI - FLORIDA 33166</b>	NAME	
TITLE <b>VICE PRESIDENT</b>	NAME <b>JAQUELINE ZAMBRANO</b>	STREET ADDRESS	
STREET ADDRESS <b>10216 TWIN LAKES Dr. #15</b>	CITY- ST- ZIP <b>CORAL SPRINGS - FLORIDA 33071</b>	CITY- ST- ZIP	
TITLE	NAME	TITLE	
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**DO NOT WRITE IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other officers empowered.

SIGNATURE:  **JAQUELINE ZAMBRANO** 4/24/02 305-4688875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)