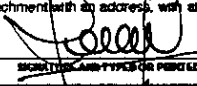


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 032 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008261			
1. Entity Name HYPER CREATIVES DESIGNS CORP.			
Principal Place of Business 7220 NW 36 STREET, SUITE 601 MIAMI, FL 33166		Mailing Address 7220 NW 36 STREET, SUITE 601 MIAMI, FL 33166	
2. Principal Place of Business 2500 NW 107 AVENUE Suite, Apt. #, etc. #208		3. Mailing Address 2500 NW 107 AVENUE Suite, Apt. #, etc. #208	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33172	Country DADE	Zip 33172	Country DADE
4. FET Number 65-1066707		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERDOMO, GREGORY A 1611 WEST 41 PL HIALEAH, FL 33012		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. (NONE: Registered Agent's signature required when registering.) DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BOSILEVAC, WILLIAM 7220 NW 36 ST #601 MIAMI, FL 33166 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P BOSILEVAC, William 2500 NW 107 AVENUE #208 MIAMI - FLORIDA 33172 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V ZAMBRANO, JAQUELINE 10276 TWIN LAKES DR #15 CORAL SPRINGS, FL 33077 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP V ZAMBRANO, JAQUELINE 2500 NW 107 AVENUE #208 MIAMI - FLORIDA 33172 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 I am empowered.			
SIGNATURE:  JAQUELINE ZAMBRANO		04-29-03 305-468875	

CR20034 (10/02)