2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91243-004-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 28 PM 2:03

DOCUMENT # P01000025681

1. Entity Name:
CREATIVE ENERGY CORPORATION

Principal Place of Business	Mailing Address
6618 S.W. 24 ST. MIAMI, FL 33155	PO BOX 570453 MIAM, FL 33257

04282004 Chg-P CH126034 (10/03)

2. Principal Place of Business	3. Mailing Address
6618 S.W. 24 ST.	P.O. BOX 570453
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: DADE	Zip: 33257 Country: FEDRINB

4. FEI Number: 65-1103424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIJEIRA, CARLOS 6618 S.W. 24 ST. MIAMI, FL 33155	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: CARLOS PIJEIRA 4-29-04
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PIJEIRA, CARLOS 6618 S.W. 24 ST. MIAMI, FL 33155	☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIJEIRA, CARLOS 6618 S.W. 24 ST. MIAMI, FL 33155	☐ Delete	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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 asterisk, with all other like empowered.

SIGNATURE: 4-29-04 305-661-3733
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR DATE Daytime Phone #

6/28