


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028290 1. Entity Name CREATIVE YEARS, INC.		
Principal Place of Business 15680 SW 232ND ST. MIAMI, FL 33170	Mailing Address 15680 SW 232ND ST. MIAMI, FL 33170	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DECASTRO, MONICA 15680 SW 232ND ST. MIAMI, FL 33170		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000335592 04/27/05-80090-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DECASTRO, MONICA 15680 SW 232ND ST. MIAMI, FL 33170	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEDEROS, ODALIS 15680 SW 232ND STREET MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DECASTRO, PURA M 15680 SW 232ND STREET MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Monica DeCastro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/22/05</u> <u>305.245.8673</u> <small>Date Daytime Phone #</small>