

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033037

FILED
Apr 30, 2005
Secretary of State

Entity Name: A PERFECT PARTY CREATION, INC.

Current Principal Place of Business:

16331 SW 10TH ST.
PEMBROKE PINES, FL 33027

New Principal Place of Business:

5060 NW 74 AVE
MIAMI, FL 33166

Current Mailing Address:

16331 SW 10TH ST.
PEMBROKE PINES, FL 33027

New Mailing Address:

5060 NW 74 AVE
MIAMI, FL 33166

FEI Number: 65-1091636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABADAN, ESMERALDA
7020 NW 173 RD DR
502
MIAMI, FL 33015 US

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: PT () Delete
Name: AVILES, RUTH M
Address: 16331 SW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SV () Delete
Name: RABADAN, ESMERALDA
Address: 7020 NW 173RD DR U 502
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH AVILES

PT

04/30/2005

Electronic Signature of Signing Officer or Director

Date