


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90096 046 \*\*\*150.00

DOCUMENT # P01000038705		
1. Entity Name MAILCREATIONS.COM INC.		

Principal Place of Business 7200 CPORPORATE CENTER DR STE 303 MIAMI, FL 3165	Mailing Address 7200 CPORPORATE CENTER DR STE 303 MIAMI, FL 3165
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2. Principal Place of Business <del>7300 Corporate Center Dr</del> Suite, Apt. #, etc. Suite 303 City & State Miami FL Zip 33126 Country USA	3. Mailing Address <del>7300 Corporate Center Dr</del> Suite, Apt. #, etc. Suite 303 City & State Miami FL Zip 33126 Country USA
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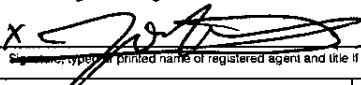
01212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1102781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VARGAS, JOSE J 3200 CORPORATE CENTER DRIVE STE 303 MIAMI, FL 3165
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7. Name and Address of New Registered Agent Name Jose I Vargas Street Address (P.O. Box Number is Not Acceptable) 7300 Corporate Center Dr Suite 303 City Miami FL Zip Code 33126
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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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VARGAS, JOSE J 2351 S.W. 92ND PLACE MIAMI, FL 3165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHRISTIAN, RODRIGUEZ 7200 CORPORATE CENTER DRIVE ST 303 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vargas, Jose I 7300 Corporate Center Drive Suite 303 Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Christian, Rodriguez 7300 Corporate Center Drive Suite 303 Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: 	1-27-07	(305) 513-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #