

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90062 010 \*\*\*150.00

**DOCUMENT # P01000038705**

1. Entity Name  
MAILCREATIONS.COM INC.



Principal Place of Business  
7300 CPORPORATE CENTER DR  
SUITE 303  
MIAMI, FL 33126

Mailing Address  
7300 CPORPORATE CENTER DR  
SUITE 303  
MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1102781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JOSE J  
7300 CORPORATE CENTER DR.  
SUITE 303  
MIAMI, FL 33126

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VARGAS, JOSE J  
STREET ADDRESS 7300 CORPORATE CENTER DRIVE SUITE 303  
CITY-ST-ZIP MIAMI, FL 33126

TITLE D  
NAME CHRISTIAN, RODRIGUEZ  
STREET ADDRESS 7300 CORPORATE CENTER DRIVE SUITE 303  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

305 513-0013 x202

Daytime Phone #