## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 10, 2005 8:00 am DOCUMENT # P01000051704 Secretary of State 03-10-2005 90135 045 \*\*\*150.00 CREATIVE PACKAGING SOLUTIONS, INC. Principal Place of Business Mailing Address 4115 N W 69TH TERRACE CORAL SPRINGS FL 33065 4115 N W 69TH TERRACE CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1107135 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOURIM LOURIM, STEVE Street Address (P.O. Box Number is Not Acceptable) 4115 N W 69TH TERRACE CORAL SPRINGS FL 33065 8. The above named entity submits this statement for the purpose of changing its registered office or registered as ent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Addition TITLE ח TITLE C. E.O Change Julie Louring 4115NW 69th TERRACE NAME LOURIM. STEVE NAME 4115 N W 69TH TERRACE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CORAL SPRINGS, FL. 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Delete THTI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED