

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90286 019 ***150.00

DOCUMENT # P01000117863

1. Entity Name
CREATIVE CAPITAL OF FLORIDA, INC.



60025582



03272006 Chg-P CR2E034 (11/05)

Principal Place of Business
C/O HERB MILGRIM, COUNSEL
3230 STIRLING RD., STE. 1
HOLLYWOOD, FL 33021

Mailing Address
C/O HERB MILGRIM, COUNSEL
3230 STIRLING RD., STE. 1
HOLLYWOOD, FL 33021

2. Principal Place of Business
c/o Herb Milgrim, Counsel

3. Mailing Address
c/o Herb Milgrim, Counsel

Suite, Apt. #, etc.
4040 Sheridan Street

Suite, Apt. #, etc.
4040 Sheridan Street

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip
33021

Country
USA

Zip
33021

Country
USA

4. FEI Number
01-0566236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILGRIM, HERB
3230 STIRLING RD., STE. 1
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4040 Sheridan Street
City
Hollywood
FL
Zip Code
33021

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 Herb Milgrim

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

(NOTE: Registered Agent signature required when installing)

03/27/2006

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MILGRIM, HERB
3230 STIRLING RD., STE. 1
HOLLYWOOD, FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D, P, S, T
4040 Sheridan Street
Hollywood, Florida 33021

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Herb Milgrim, Pres. 03/27/2006 954-966-3909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #