

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90039 006 \*\*\*150.00

<b>DOCUMENT # P02000015146</b> 1. Entity Name <b>CREATIVE SIGNS &amp; GRAPHICS, INC.</b>			
Principal Place of Business 644 NW 183 WAY PEMBROKE PINES, FL 33029 US		Mailing Address 644 NW 183 WAY PEMBROKE PINES, FL 33029 US	
2. Principal Place of Business <i>10936 NW 1st MNR</i> Suite, Apt. #, etc.		3. Mailing Address <i>10936 NW 1st MNR</i> Suite, Apt. #, etc.	
City & State <i>CORAL SPRINGS, FL</i> Zip Country <i>33071-8112 USA</i>		City & State <i>CORAL SPRINGS, FL</i> Zip Country <i>33071-8112 USA</i>	
4. FEI Number <b>02-0544402</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVINE, RONNIE A</b> <b>644 NW 183 WAY</b> <b>PEMBROKE PINES, FL 33029</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10936 NW 1st MNR</i> City <i>CORAL SPRINGS</i> <b>FL</b> Zip Code <i>33071-8112</i>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LEVINE, RONNIE A</b> <b>644 NW 183 WAY</b> <b>PEMBROKE PINES, FL 33029</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <i>Ronnie Levine</i> <b>PRESIDENT</b>		Date <i>03/06/04</i> Daytime Phone # <i>954-224-0303</i>	