2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000015709 DOCUMENT # 1. Entity Name 03-31-2003 90294 018 ***150.00 CREATIVE INDUSTRIES & ASSOCIATES, INC. Principal Place of Business Mailing Address 6608 BOULEVARD OF CHAMPIONS 6608 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. 4. FEI Number 870-Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHARIES MC CAFFREY SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Loudendals 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. بي SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 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 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **PSTD** ☐ Delete TITLE TITLE MCCAFFREY, CHARLES NAME NAME 6608 BOULEVARD OF CHAMPIONS STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-ZIP S.TR.D. Change ☐ Addition TITLE Delete TITLE DOROTHY J, NICAFFRAY NAME NAME 6608 BLUE CHAMPIOUS STREET ADDRESS STREET ADDRESS N. LAUderdole, FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change □ Addition TITLE

12. I hereby certify that the information supplied with this filling 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 wit arraddress, with all other like empowere

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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