

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90487 023 \*\*\*150.00

DOCUMENT # P02000054187

1. Entity Name  
CREATIVE COMPLIMENTS, INC.



Principal Place of Business  
12124 ST. ANDREWS, APT. 304  
MIRAMAR FL 33025

Mailing Address  
12124 ST. ANDREWS, APT. 304  
MIRAMAR FL 33025



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

12124 ST. ANDREWS PLACE

Suite, Apt. #, etc.

APT. 304

City & State  
MIRAMAR, FL.

Zip

33025

Country

BROWARD

3. Mailing Address

12124 ST. ANDREWS PLACE

Suite, Apt. #, etc.

APT. 304

City & State  
MIRAMAR, FL.

Zip

33025

Country

BROWARD

4. FEI Number

41-2075044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEDERICI, MAGALY T  
12124 ST. ANDREWS, APT. 304  
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name  
MAGALY T. FEDERICI

Street Address (P.O. Box Number is Not Acceptable)

12124 ST. ANDREWS PLACE

APT. 304

City  
MIRAMAR

FL

Zip Code

33025

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

MAGALY T. FEDERICI, PRESIDENT 2/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FEDERICI, MAGALY T  
STREET ADDRESS 12124 ST. ANDREWS, APT. 304  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EXYD  
NAME RALPH A. FEDERICI  
STREET ADDRESS 12124 ST. ANDREWS PLACE APT. 304  
CITY-ST-ZIP MIRAMAR, FL 33025 ☐ Change ☒ Addition

TITLE S/D  
NAME ATHENA H.F. CARLIN  
STREET ADDRESS 12901 N.W. 13<sup>TH</sup> STREET APT. 308  
CITY-ST-ZIP PENSACOLA PINE, FL 33028 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: MAGALY T. FEDERICI 2/28/03 954 435-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)