2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000064700

Entity Name: CREATIVE HOMEWERKS OF MIAMI, INC.

FILED Apr 30, 2003 Secretary of State

Current Principa	l Place of Business:	New Prin	ncipal Place of Business:	
19038 NW 52 PLA MIAMI LAKES, FL		#2	W 30 AVE CKA, FL 33054	
Current Mailing	Address:	New Mail	iling Address:	
19038 NW 52 PLA MIAMI LAKES, FL		#2	W 30 AVE CKA, FL 33054	
FEI Number: 42-1538	FEI Number Applied For () FEI Number Not App	oplicable () Certificate of Status Desired ()	
Name and Addre	ess of Current Registered Agen	t: Name an	nd Address of New Registered Agent:	
ELMORE, B J 13400 SW 5 STRI DAVIE, FL 33325				
The above named in the State of Flor		the purpose of changing	g its registered office or registered agent, or both,	
SIGNATURE:				
E	Electronic Signature of Registered	d Agent	Date	
Election Campaign F	Financing Trust Fund Contribution ().		DNS/CHANGES TO OFFICERS AND DIRECTOR	RS:
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition HOLMES, FAITH 13130 NW 30 AVE : OPALOCKA, FL 33054 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	C () Change (X) Addition HOLMES, KEVIN 13130 NW 30 AVE : OPALOCKA, FL 33054 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition HOLMES, PRIMROSE 13130 NW 30 AVE : OPALOCKA, FL 33054 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition HOLMES III, ABEL 13130 NW 30 AVE #2 : OPALOCKA, FL 33054 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition HOLMES III, ABEL 13130 NW 30 AVE #2 : OPALOCKA, FL 33054 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition HOLMES II, ABEL 13130 NW 30 AVE : OPALOCKA, FL 33054 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL HOLMES III P/D 04/30/2003