## **2004 FOR PROFIT CORPORATION**

## Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000071419** 04-26-2004 90482 029 \*\*\*150.00 ONE CREATIVE GROUP, INC. Mailing Address Principal Place of Business 9070 SW 125TH AVE. 9070 SW 125TH AVE. MIAMI, FL 33186 MIAMI, FL 33186 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0731396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent RIVERA, AMARILIS DO NOT WRITE 9070 SW 125TH AVE. MIAMI, FL 33186 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE: \$\$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE RIVERA, AMARILIS NAME STREET ADDRESS 9070 SW 125TH AVE. CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attact/ment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TED MAME OF SIGNING OFFICER OR DIRECTOR

VAmarilis Rivera 14/22/04

FILED