


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90001 034 ***150.00

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DOCUMENT # P02000072253			
1. Entity Name CREATIVE HANDS ADVERTISING & PROMOTIONS, INC.			
Principal Place of Business 13935 NW 1ST AVENUE MIAMI, FL 33168		Mailing Address 13935 NW 1ST AVENUE MIAMI, FL 33168	
2. Principal Place of Business		3. Mailing Address <i>174 N.E 96th street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Miami shores - FL</i>	
Zip		Zip <i>33138</i>	
Country		Country <i>U.S.A.</i>	
4. FEI Number 02-0619930		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES, PA 13935 NW 1ST AVENUE MIAMI, FL 33168		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, FAITH ALLISON	NAME	
STREET ADDRESS	13935 NW 1ST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Faith Fernandez</i>		Date: <i>5.25.06</i> Daytime Phone #: <i>305 7581136</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



Division of Corporations

Annual Report

Annual Report Help

Document Number
P02000072253

FEI# 020619930

Business Entity Name

CREATIVE HANDS ADVERTISING & PROMOTIONS, INC.

FEI Number	020619930
FEI Number Status	<input checked="" type="radio"/> Listed Above <input type="radio"/> Applied For
	<input type="radio"/> Not Applicable
Certificate of Status Desired	<input type="radio"/> Yes <input checked="" type="radio"/> No \$8.75 each
Election Campaign Financing Trust Fund Contribution	<input type="radio"/> Yes <input checked="" type="radio"/> No

Principal Place of Business

Address 13935 NW 1ST AVENUE
 Suite, Apt. #, etc.
 City, State MIAMI, FL
 Zip Code & Country 33168

Mailing Address

Address 13935 NW 1ST AVENUE
 Suite, Apt. #, etc.
 City, State MIAMI, FL
 Zip Code & Country 33168

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA RAY PEREZ & ASSOCIATES, PA

Address (PO Box is not) 13935 NW 1ST AVENUE

ATTACHMENT 40095017

#PUB000072253

acceptable)

Suite, Apt. #, etc.

City, State

MIAMI, FL

Zip Code & Country

33168 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

RAY PEREZ & ASSOCIATES

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D

Name (Last, First, Middle, Title) FERNANDEZ, FAITH ALLISON,

- OR -

Entity Name to serve as Officer/Director

Street Address 13935 NW 1ST AVENUE

City, State MIAMI, FL

Zip Code & Country 33168

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

40095017
#P02000072253

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,

PO2000072253

Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address


City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title: D

Officer/Director Signature FAITH FERNANDEZ



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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