



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90031 032 ***150.00

DOCUMENT # P02000072253					
1. Entity Name CREATIVE HANDS ADVERTISING & PROMOTIONS, INC.					
Principal Place of Business 13935 NW 1ST AVENUE MIAMI, FL 33168		Mailing Address 240 NW 62ND AVE MIAMI, FL 33126		40115269	
2. Principal Place of Business - No P.O. Box # 240 NW 62ND AVE		3. Mailing Address 240 NW 62ND AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL 33126		05152007 Chg-P CR2E034 (12/06)	
Zip 33126		Country USA		4. FEI Number 02-0619930	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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: Faith Fernandez Street Address (P.O. Box Number is Not Acceptable): 240 NW 62ND AVE City: Miami FL Zip Code: 33126			
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: Faith Fernandez (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5-14-07					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, FAITH ALLISON		NAME	Faith Allison Fernandez	
STREET ADDRESS	13935 NW 1ST AVENUE		STREET ADDRESS	240 NW 62ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP	MIAMI, FL 33126	
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		
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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: Faith Fernandez			Date: 5-14-07 Daytime Phone #: 305-264-1040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

ATTACHMENT
40115269

#P02000072253

We never received prior notice to file, we also have had an address change.

Thank you for your help.
Tatth Fernandez