2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073628

1. Entity Name
IMAGE CREATIONS ENTERPRISES, INC.

SIGNATURE:



FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90072 012 ***150.00

Winds on Extra trades, mo.							03-03-2007 9	00/2 012	130.00	U
Principal Place 2570 CENTE MIRAMAR, FL	RGATE DR. SUITE 104	Mailing Address 2570 CENTERGATE DR. SUITE 104 MIRAMAR, FL 33205								
	ace of Business - No P.O. Box #	3. Mailing Address								
2570 CONTERGATE DC. Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc.				04302007 Chg-P CR2E034 (12/06)				
SVITE 104 City & State MIRANAR FL		City & State				4. FEI Numbe				plied For
2ip 3025 Country V5A		Zip Count		Country	v		of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Age	ent	1		7. Name and	Address of New R			J
	o. Hamo and Address of Carron	riogiotorou Ago		Name		7. Home uno	Address of New I	icgistered A	gen	
VILLEGAS, PATRICIA 3811 S.W. 160TH AVENUE				Street	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 202 MIRAMAR										
				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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
THTLE	SD Delete 1				SD				Change	☐ Addition
NAME	VILLEGAS, PATRICIA 3811 SW 160TH AVENUE APT. 202 STE				710	NE6/95 1	PATRICIA TERBATE O	e APT	104	
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing opes true and appur	not qualify for that are and that my s	ne exemptions signature shall	contained have the	d in Chapter 119 same legal effec), Florida Statutes. I et as if made under	I further certi oath; that I a	fy that the in m an officer	nformation or director
12. I hereby certify that the information supplied with this filling 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 abcurate 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 pt rusted 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 their like empowered.										

OF SIGNING OFFICER OR DIRECTOR