2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000073628

1. Entity Name
IMAGE CREATIONS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2570 CENTERGATE DR. SUITE 104 SUITE 104 MIRAMAR, FL 33205	2570 CENTERGATE DR. SUITE 104 MIRAMAR, FL 33205

02042008   No Chg-P   CR2E034 (11/05)

4. FEI Number 06-1639926	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLEGAS, PATRICIA
3811 S.W. 160TH AVENUE
SUITE 202
MIRAMAR, FL 33027

DO NOT WRITE
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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000820874
02/19/08-80001-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	SD.
NAME	VILLEGAS, PATRICIA
STREET ADDRESS	2570 CENTERGATE DR APT 104
CITY-ST-ZIP	MIRAMAR, FL 33025

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____   02-05-08   786-314-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #