
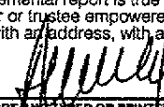


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088533</b> 1. Entity Name <b>CREATIVES SOFTWARE DESIGNS, CORP</b>		
Principal Place of Business <b>1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323 US</b>		Mailing Address <b>235 E 11TH STREET HIALEAH, FL 33010</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ANDREA MONSERRAT CELESIA 9200 BAY HARBOR TERR 2A BAY HARBOR ISLANDS, FL 33154</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000000147390 05/03/04-80104-012 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CELESIA, ANDREA M 9200 BAY HARBOR TERRACE #2-A BAY HARBOR IS, FL 33154</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.		
SIGNATURE: 		<b>4-28-04</b> <b>786-326-3482</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #