

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90080 006 ***150.00

708

DOCUMENT # P02000132963

1. Entity Name
CREATIVE FORCE SOUTH, INC.



04-30-2003 90080 006 ***150.00

Secretary of State

Principal Place of Business
2100 EAST HALLANDALE BEACH BLVD STE 400
HALLANDALE FL 33009

Mailing Address
2100 EAST HALLANDALE BEACH BLVD STE 400
HALLANDALE FL 33009

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
56-2309095

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUDNER, RICHARD A
11905 SW 59TH COURT
COOPER CITY FL 33330-3334

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
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P RUDNER, RICHARD A 11905 SW 59TH COURT COOPER CITY FL 33330-3334
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #