## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000010996

HESS, DAVID

101 NORTH OCEAN DRIVE #115

Name:

Address

FILED Jan 23, 2004 Secretary of State

Entity Name: CREATIVE HOSPITALITY VENTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** 101 NORTH OCEAN DRIVE #115 HOLLYWOOD, FL 33019 **New Mailing Address: Current Mailing Address:** 101 NORTH OCEAN DRIVE #115 HOLLYWOOD, FL 33019 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCHECHER, RICHARD J BAUMAN, DAVID M 101 NORTH OCEAN DRIVE 7119 WEST BROWARD BLVD. #115 PLANTATION, FL 33317 HOLLYWOOD, FL 33019 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. SIGNATURE: DAVID M BAUMAN 01/23/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition SCHECHER, RICHARD J Name: Name: 101 NORTH OCEAN DRIVE #115 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: ONELL, TRAVIS Name: 101 NORTH OCEAN DRIVE #115 Address: Address: HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete **PSTD** (X) Change ( ) Addition

City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

HESS, DAVID

101 NORTH OCEAN DRIVE #115

SIGNATURE: DAVID HESS P 01/23/2004