

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90540 012 \*\*\*158.75

**DOCUMENT # P03000032154**

1. Entity Name  
**ALICIA'S CREATIONS, INC.**



Principal Place of Business  
101 NE 41ST STREET  
APT. D059  
OAKLAND PARK, FL 33334

Mailing Address  
POST OFFICE BOX 9792  
FORT LAUDERDALE, FL 33310

**50046539**



2. Principal Place of Business  
**1851 NW 46th Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**F108**

Suite, Apt. #, etc.

City & State  
**Lauderhill, FL**

City & State

Zip  
**33313**

Country

Zip

Country

04152005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-1172345**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROOKS-HOLLAND, ALICIA  
101 NE 41ST STREET  
APT. D059  
OAKLAND PARK, FL 33334

## 7. Name and Address of New Registered Agent

**Alicia Rooks**  
Street Address (P.O. Box Number is Not Acceptable)  
**1851 NW 46th Ave**  
**APT # F108**  
City  
**Lauderhill** **FL** Zip Code  
**33313**

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, 2005 Fee will be \$550.00**

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	PVTS ROOKS-HOLLAND, ALICIA 101 NE 41ST STREET, APT D059 OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM ROOKS-HOLLAND, ALICIA 101 NE 41ST STREET, APT D059 OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OSTD</b> <b>Alicia Rooks</b> <b>1851 NW 46th Ave APT. F108</b> <b>Lauderhill, FL 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCM</b> <b>Alicia Rooks</b> <b>1851 NW 46th Ave. APT. F108</b> <b>Lauderhill, FL 33313</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alicia Rooks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/05 954/815-0307**  
Date Daytime Phone #

attachment

PO3000032154  
500465-39

IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT,  
IN AND FOR 17th COUNTY, FLORIDA

Case No.: 0502991

Division:

Alicia F. Rocks-Holmes  
Petitioner,

and

Ronald L. Holmes Jr.  
Respondent.

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH  
NO PROPERTY OR DEPENDENT OR MINOR CHILD(REN) (UNCONTESTED)**

This cause came before this Court for a hearing on a Petition for Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. There is no marital property or marital debts to divide, as the parties have previously divided all of their personal property. Therefore, each is awarded the personal property he or she presently has in his or her possession. Each party shall be responsible for any debts in his or her own name.
6. (x) yes ( ) no The wife's former name of {full legal name} Alicia F. Rocks is restored.
7. The Court reserves jurisdiction to enforce this judgment.

ORDERED on April 21, 2005

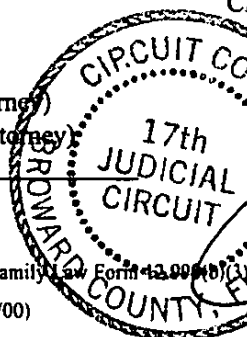
CIRCUIT JUDGE

**COPIES TO:**

Petitioner (or his or her attorney)

Respondent (or his or her attorney)

Other:



STATE OF FLORIDA  
BROWARD COUNTY  
I DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and filed in the office of the Circuit Court Clerk of Broward County, Florida.  
WITNESS my hand and Official Seal of Fort Lauderdale, Florida, this 21 day of April, 2005  
Clerk of the Court