


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-29-2004 90023 010 ***150.00

DOCUMENT # P03000035446 1. Entity Name KREATIVE STONE ART . INC.																	
Principal Place of Business 4524 SW 54TH ST APT 604 FORT LAUDERDALE FL 33314-6756			Mailing Address 4524 SW 54TH ST APT 604 FORT LAUDERDALE FL 33314-6756														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		4. FEI Number 861064766													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable													
6. Name and Address of Current Registered Agent RICHARDS, KAREN D 4524 SW 54TH ST APT 604 FORT LAUDERDALE FL 33314-6756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City													
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.				FL Zip Code													
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS																	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
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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)(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: <u>NICUSOR PANA</u> 3/24/04 854-321 53 90																	