

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90420 033 ***150.00

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DOCUMENT # P03000037392 1. Entity Name M & M IMAGEN CREATIVA ENTERPRISES, CORP.					
Principal Place of Business 6355 NW 36 ST. #407 VIRGINIA GARDENS, FL 33166			Mailing Address 6355 NW 36 ST. #407 VIRGINIA GARDENS, FL 33166		
2. Principal Place of Business 3701 N COUNTRY CLUB DR Suite, Apt. #, etc. 105		3. Mailing Address 3701 N COUNTRY CLUB DR Suite, Apt. #, etc. 105		04292005 Chg-P CR2E034 (10/03)	
City & State AVENTURA FL		City & State AVENTURA FL		4. FEI Number 76-0729115	
Zip 33180		Country ---		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANABRIA, MONICA V 6355 NW 36 ST. #407 VIRGINIA GARDENS, FL 33166				7. Name and Address of New Registered Agent Name MONICA V SANABRIA Street Address (P.O. Box Number is Not Acceptable) 3701 N COUNTRY CLUB DR N°105 City AVENTURA FL Zip Code 33180	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANABRIA, MONICA V 6355 NW 36 ST. #407 VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANABRIA, MONICA V 3701 N COUNTRY CLUB DR N°105 AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLORIO, MARCELLO 6355 NW 36 ST. #407 VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLORIO, MARCELLO 3701 N COUNTRY CLUB DR N°105 AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					