2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 011 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000037602

1. Enity Name
CUPID'S CREATIONS, INC.

Principal Place of Business	Mailing Address
950 Southwest 138th Avenue B-104 Pembroke Pines, FL 33027	950 Southwest 138th Avenue B-104 Pembroke Pines FL 33027

2. Principal Place of Business	3. Mailing Address
950 Southwest 138 Avenue	950 Southwest 138 Avenue
Suite, Apt. #, etc. B-104	Suite, Apt. #, etc. B-104
City + State Pembroke Pines, Florida	City + State Pembroke Pines
Zip 33027 Country USA	Zip 33027 Country USA

4. FEI Number 77-0601294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIGHARDT, RONALD J ESQ.
ZIMMERMAN CORPORATE CENTER
2200 W COMMERICAL BLVD. SUITE 102
FORT LAUDERDALE, FLORIDA 33309

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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name Street Address City-St-Zip	DP ☐ Delete SCHWEIGHARDT, RONALD J ESQ. 2200 W COMMERICAL BLVD. STE 102 FORT LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 04/30/04 (954) 777-3133 OR
Signature and typed or printed name of signing officer or director DATE Daytime Phone #
RONALD J. SCHWEIGHARDT (954) [illegible]