2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # P03000037602 1. Entity Name 02-02-2005 90064 005 ***150.00 CUPID'S CREATIONS, INC. Principal Place of Business Mailing Address 950 SOUTHWEST 138TH AVENUE 950 SOUTHWEST 138TH AVENUE 50009905 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 77-0601294 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWEIGHARDT. RONALD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 18 2200 W. COMMERCIAL BOULEVARD SUITE 102 FORT LAUDERDALE FL 33309 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ĎΡ TITLE TITLE Change Addition ☐ Delete SCHWEIGHARDT, RONALD J NAME NAME STREET ADDRESS STREET ADDRESS 2200 W COMMERCIAL BLVD., STE 102 FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY+ST-7IP Change TITEF ☐ Addition TITLE □ Defete SCHWEIGHARDT, CARRIEE 950 Southwest 138 Avenue, B-104 SCHWEIGHARDT, CARRIE E NAME MAME 80 COMMODORE DRIVE #417 STREET ADDRESS STREET ADDRESS PEMbroke Pines, Florida, 33027 PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-71P 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.

FILED