2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 25, 2007 08:00 All Secretary of State DOCUMENT # P03000037602 1. Entity Namo CUPID'S CREATIONS, INC. Principal Place of Business Mailing Address 950 SOUTHWEST 138TH AVENUE 950 SOUTHWEST 138TH AVENUE B-104 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 77-0601294 Not Applicable Zin 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 Namo SCHWEIGHARDT, RONALD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2200 W. COMMERCIAL BOULEVARD **SUITE 102** FORT LAUDERDALE FL 33309 City Zip Code FL 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. Electron Campaign Financing \$5.00 May Be After May 1, 2007 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 11. DP шп ☐ Delele TOLE. ☐ Change ☐ Addition U00000731967 SCHWEIGHARDT, RONALD J NAMi NAMI 05/09/07-80027-010 150.00 2200 W COMMERCIAL BLVD., STE 102 STREET ADDRESS STRUET ADDRESS FORT LAUDERDALE FL 33309 CITY-S1-ZIP CHY+ST-ZIP IIILE Delete 111116 ☐ Change Addition SCHWEIGHARDT, CARRIE E NAM 950 SOUTHWEST 138 AVENUE B-104 STRUET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-SI-7IP CITY-ST-ZfP 1000 Delete igo Caldinos NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY+SE-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP IOH. Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAMi NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath; 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. Elegida 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.