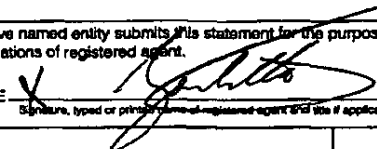
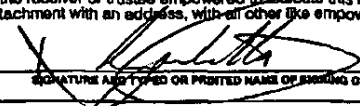


FILED
Mar 10, 2004 8:00 am
Secretary of State

02-24-2004 90014 015 ***100.00
03-10-2004 90015 031 ****50.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000078775					
1. Entity Name C.S. CREATIVE IMAGE CORP.					
Principal Place of Business 834 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071			Mailing Address 834 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 42-1599783				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARLETTA, LUCAS A 834 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071				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  (NOTE: Registered Agent signature required when reappointing)					
DATE 2/14/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PVST BARLETTA, LUCAS A 834 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 ☐ Delete					
D BARLETTA, LUCAS A 834 TWIN LAKES DRIVE CORAL SPRINGS, FL 33071 ☐ Delete					
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:  DATE 2/14/04					

54016570



02132004 Chg-P CR2E034 (10/03)