

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 009 ***550.00

DOCUMENT # P03000079856 1. Entity Name M2 DESIGN & CREATIVE SERVICES, INC.					
Principal Place of Business P O BOX 840009 HOLLYWOOD, FL 33084			Mailing Address P O BOX 840009 HOLLYWOOD, FL 33084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0103143	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAGER, ROSS 100 N HIATUS RD PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11011 SHERIDAN STREET SUITE # 310 City Cooper City FL Zip Code 33026		
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, 2008 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	P MINNICH, JENNIFER 1000 N HIATUS RD PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 11011 SHERIDAN STREET SUITE # 310 Cooper City, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MINNICH, PAUL 1000 N HIATUS RD PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 11011 SHERIDAN STREET SUITE # 310 Cooper City, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u><i>Jennifer Minnich</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>6/23/08</u>		Daytime Phone #: <u>9549201066</u>

40109092



01082008 Chg-P CR2E034 (12/06)