
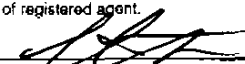
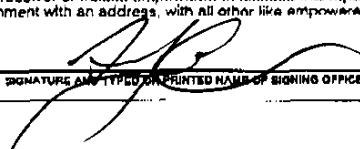


FILED
Jun 18, 2007 8:00 am
Secretary of State

03-07-2007 90020 001 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000104243					
1. Entity Name CREATIVE DESIGN & FAUX, INC.					
Principal Place of Business 5409 COVE CIRCLE NAPLES, FL 33119			Mailing Address 5409 COVE CIRCLE NAPLES, FL 33119		
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 20-0585144			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALKER, MONEQUE S ESQ 8260 WEST FLAGLER STREET STE 1E MIAMI, FL 33144			7. Name and Address of Now 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 resigning) MAIL					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVTS TORDJMAN, MAURICE 5409 COVE CIRCLE NAPLES, FL 33118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORDJMAN, MAURICE 5409 COVE CIRCLE NAPLES, FL 33118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tordjman Maurice 4945 Sandra Dr Naples FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		6/12/07 Date Daytime Phone #			

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Annual Report Online Filing

Document Number P03000104243Business Entity Name CREATIVE DESIGN & FAUX, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May notice was not received.

FEI Number 200585144FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 5409 COVE CIRCLESuite, Apt. #, etc. City, State NAPLES, FLZip Code & Country 33119

Mailing Address

Address 5409 COVE CIRCLESuite, Apt. #, etc. City, State NAPLES, FLZip Code & Country 33119

Name And Address of Registered Agent

Name (Last, First, Middle, Title) WALKER, MONEQUE, S, ESQ

- OR -

Business to serve as RA

Address 8260 WEST FLAGLER STREET STE 1E
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33144 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Moneque Walker

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title MGR
Name (Last, First, Middle, Title) TORDJMAN, MAURICE, ,
- OR -
Entity Name to serve as Officer/Director

Street Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Name And Address #2

Title MGR
Name (Last, First, Middle, Title) TORDJMAN, MAURICE, ,
- OR -
Entity Name to serve as Officer/Director

Street Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Name And Address #3

Title

ATTACHMENT

City, State

Zip Code & Country

166019257
P03000104243

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

MGR

Officer/Director Signature

MAURICE TORDJMAN

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Document Number P03000104243
Business Entity Name CREATIVE DESIGN & FAUX, INC.
Prior notice was Received
FEI Number 200585144
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Mailing Address

Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Name And Address of Registered Agent

Name (Last, First, Middle, Title) WALKER, MONEQUE, S, ESQ
Address 8260 WEST FLAGLER STREET STE 1E
City, State MIAMI, FL
Zip Code & Country 33144 US
Registered Agent Signature MONEQUE WALKER

Officer/Director Name And Address

Name And Address #1

ATTACHMENT

66019257

#P03000 104243

Title MGR
Name (Last, First, Middle, Title) TORDJMAN, MAURICE
Street Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Name And Address #2

Title MGR
Name (Last, First, Middle, Title) TORDJMAN, MAURICE
Street Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

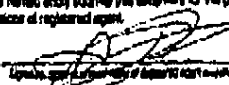
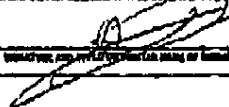
Title MGR
Officer/Director Signature MAURICE TORDJMAN

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

REJECTED
03-07-2007 00020 001 ***150.00
P03000104243

ATTACHMENT

DOCUMENT # P03000104243 1. Entity Name CREATIVE DESIGN & FAUX, INC.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business 5409 OVE CIRCLE NAPLES, FL 33119		Mailing Address 5409 OVE CIRCLE NAPLES, FL 33119	
DO NOT WRITE IN THIS SPACE		66019257 01242906 No Dup-P CR25084 (11/06)	
4. PD Number 20-0685144		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, MONIQUE S ESQ 8250 WEST FLAGLER STREET STE 1E MIAMI, FL 33144		DO NOT WRITE IN THIS SPACE	
7. The above names entity during this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am hereby withdrawing, and release the obligations of registered agent.			
SIGNATURE: 		Date:	
FILE NUMBER FEE IN \$180.00 After May 1, 2006 Fee will be \$350.00		8. Statute Chapter Filing Fee Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
9. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE TORDJMAN, MAURICE 5409 OVE CIRCLE NAPLES, FL 33119		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE TORDJMAN, MAURICE 5409 OVE CIRCLE NAPLES, FL 33119		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE TORDJMAN, MAURICE 4985 SANDRA BAY DR APT 104 NAPLES FL 34109		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TYPE		
10. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I am further certifying 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. I am an officer or director of the corporation or the nominee or nominee empowered to execute this report as required by Chapter 119, Florida Statutes, and I am my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other information.			
SIGNATURE: 		Date:	

ATTACHMENT

66019257

Division of Corporations

Annual Report

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Document Number	P03000104243
Business Entity Name	CREATIVE DESIGN & FAUX, INC.
FEI Number	200585144
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	5409 COVE CIRCLE
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	33119

Mailing Address

Address	5409 COVE CIRCLE
Suite, Apt. #, etc.	
City, State	NAPLES, FL
Zip Code & Country	33119

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	WALKER, MONEQUE, S, ESQ
Address	8260 WEST FLAGLER STREET STE 1E
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33144 US
Registered Agent Signature	

Officer/Director Name and Address

Title	PVTS
Name (Last, First, Middle, Title)	TORDJMAN, MAURICE
Street Address	5409 COVE CIRCLE
City, State	NAPLES, FL
Zip Code & Country	33119

ATTACHMENT

66019257

P03000 104243

Title D
Name (Last, First, Middle, Title) TORDJMAN, MAURICE
Street Address 5409 COVE CIRCLE
City, State NAPLES, FL
Zip Code & Country 33119

Title PVTS
Officer/Director Signature MAURICE TORDJMAN

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