

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 025 ***150.00

DOCUMENT # P03000111576 1. Entity Name CREATING CUSTOM DESIGNS, INC.					
Principal Place of Business 12117 NW 15TH CT CORAL SPRINGS, FL 33071				Mailing Address 12117 NW 15TH CT CORAL SPRINGS, FL 33071	
2. Principal Place of Business 5030 NW 109th Avenue Suite, Apt. #, etc. Suite I		3. Mailing Address 5030 NW 109th Avenue Suite, Apt. #, etc. Suite I			
City & State Sunrise		City & State Sunrise		4. FEI Number 20-0305201	
Zip 33351		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, DANIEL 12117 NW 15TH CT CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12124 NW 15th Court City Coral Springs FL Zip Code 33071	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D ALLARIA, JULIAN E 11460 NW 31ST ST CORAL SPRINGS, FL 33065	<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	D DE ALLARIA, GABRIELA D 11460 NW 31ST ST CORAL SPRINGS, FL 33065	<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	D GONZALEZ, DANIEL 12124 NW CT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12124 NW 15th Ct.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACGREGOR, GAYLE T 12117 NW 15TH CT CORAL SPRINGS, FL 33041	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coral Springs, FL 33071	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, DEBORAH R 12124 NW 15TH CT CORAL SPRINGS, FL 33071	<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 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 another like empowered.					
SIGNATURE:			Deborah R. Gonzalez		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/09/04 Daytime Phone # 954-255-6441		

Change of Address

▶ Please type or print.

▶ See instructions on back.

▶ Do not attach this form to your return.

OMB No. 1545-1163

Attachment Attachment

24019876

10300011576

Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.
- ▶ Decedent's name ▶ Social security number

3a Your name (last name, initial, and first name)	3b Your social security number
4a Spouse's name (last name, initial, and first name)	4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 ☒ Business location

11a Business name Creating Custom Designs, Inc.	11b Employer identification number 20-0305201
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 12117 NW 15 th Ct. Coral Springs, FL 33071	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 5030 NW 109 th Avenue, Sunrise, FL 33351	Room or suite no. Suite I
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. 5030 NW 109 th Avenue, Sunrise, FL 33351	Room or suite no. Suite I

Part III Signature

Daytime telephone number of person to contact (optional) ▶

(954) 747-5355

Sign Here	▶ Your signature	Date	▶ If Part II completed, signature of owner, officer, or representative Date 01-23-04
	▶ If joint return, spouse's signature	Date	

Attachment

Attachment
24019876

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

03 OCT -6 AM 12:32

PERSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: CREATING CUSTOM DESIGNS, INC.
2. The name and address of the registered agent and office is:

Daniel Gonzalez
12124 N.W. 15th Court
Coral Springs, FL 33071

Having been named as registered agent and to accept service of process
for the above stated corporation at the place designated in this certificate, I
hereby accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of all statutes
relating to the power and complete performance of my duties, and I am
familiar with and accept the obligations of my position as registered agent.


Daniel Gonzalez

10/02/03.
Date