


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 025 ***150.00

DOCUMENT # P03000126308

1. Entity Name
A2E CREATIVE SOLUTIONS, INC.



Principal Place of Business Mailing Address

**8030 NW 96 TERRACE
 101
 TAMARAC, FL 33321** **8030 NW 96 TERRACE
 101
 TAMARAC, FL 33321**

3406066

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ALVAREZ, ANDRES
 8030 NW 96 TERRACE
 101
 TAMARAC, FL 33321**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANDRES	
STREET ADDRESS	8030 NW 96 TERRACE # 101	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONTRERAS, ANDREA	
STREET ADDRESS	8030 NW 96 TERRACE # 101	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **07-05-2004** Daytime Phone #: **786-295-6569**

Received Event (Event Succeeded)

Attachment

54060826

Date: 7/2/2004
Pages: 1

Time: 1:55 PM
Fax Number:

07/02/2004 14:03 100000000000

ZXXXXXXXXX

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A2E CREATIVE SOLUTIONS, INC.
8030 NW 96 TERRACE #101
TAMARAC FL 33321

Division of Corporations
Uniform Business Report
P.O Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

We would like to request at this time that you please waive any penalties for filing the UBR for year 2004 after May 1. Please know that we never received the report and therefore, were not able to file it on a timely manner. Attached please find a check for \$150.00 and the completed UBR for 2004.

Sincerely,

Andres Alvarez
President