


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State


04-26-2004 91045 007 ***150.00

DOCUMENT # P03000147911	
1. Entity Name IMPRESSIONABLE CREATIONS, INC	

Principal Place of Business 17125 N BAY RD, # 3604 SUNNY ISLES FL 33160	Mailing Address 17125 N BAY RD, # 3604 SUNNY ISLES FL 33160
---	---

2. Principal Place of Business 13499 Biscayne Blvd Suite, Apt. #, etc. #913	3. Mailing Address P.O. Box 613022 Suite, Apt. #, etc.
---	--

City & State North Miami, FL	City & State North Miami, FL
Zip 33181	Zip 33261

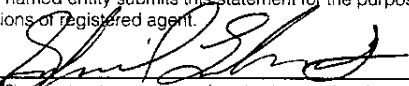


MOORE CR2E034 (11/03)

4. FEI Number 41-2119537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, GABRIEL 17125 N BAY RD, # 3604 SUNNY ISLES FL 33160	7. Name and Address of New Registered Agent Name Gabriel Edwards Street Address (P.O. Box Number is Not Acceptable) 13499 Biscayne Blvd #913 City North Miami FL Zip Code 33181
--	---

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  DATE **04-23-04**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME EDWARDS, GABRIEL	
STREET ADDRESS 17125 N BAY RD, # 3604	
CITY-ST-ZIP SUNNY ISLES FL 33160	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME OCHOA, JENNY	
STREET ADDRESS 16919 N BAY RD, # 816	
CITY-ST-ZIP SUNNY ISLES FL 33160	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME BRUNDIDGE, EDWARD III	
STREET ADDRESS 3314 N LINCOLN TRACE AVE	
CITY-ST-ZIP SMYRA GA 30080	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME EDWARDS, DNA	
STREET ADDRESS 1119 E 40TH ST	
CITY-ST-ZIP SAVANNAH GA 31404	
TITLE M	<input checked="" type="checkbox"/> Delete
NAME EDWARDS, CHRISTOPHER	
STREET ADDRESS 1483 ARTHUR LANGFORD PLACE, SW BLDG, APT 6	
CITY-ST-ZIP ATLANTA GA 30315	
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 **04-23-04** DAYTIME PHONE # **305-528-8619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR