

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 91011 007 ***158.75

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1. Entity Name
CREATIVE NEW IMAGES, INC.



Principal Place of Business
**1167 NW 165TH AVENUE
PEMBROKE PINES, FL 33028**

Mailing Address
**1167 NW 165TH AVENUE
PEMBROKE PINES, FL 33028**

04042244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0474824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, TAMMY J
1167 NW 165TH AVENUE
PEMBROKE PINES, FL 33028**

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

Tammy J Zappia
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MILLER, TAMMY J (name change)
STREET ADDRESS 1167 NW 165TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME ZAPPIA, JOHN D
STREET ADDRESS 1167 NW 165TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D ☐ Delete
NAME CELENTANO, CAROL
STREET ADDRESS 430 NW 106TH TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE D ☐ Delete
NAME CELENTANO, JOHN
STREET ADDRESS 430 NW 106TH TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Tammy J Zappia
STREET ADDRESS 1167 NW 165 Ave
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE Secretary ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Tammy J Zappia Tammy J Zappia 4/22/04 786-252-7014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #