
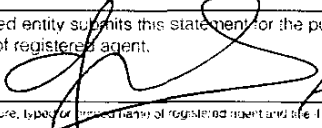
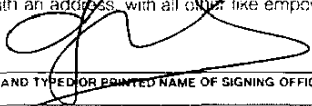


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90015 021 \*\*\*158.75

DOCUMENT # P04000057817			
1. Entity Name J.I.A. CREATIVE GROUP, INC.			
Principal Place of Business 2146 SW 103 PLACE MIAMI FL 33165		Mailing Address 2146 SW 103 PLACE MIAMI FL 33165	
2. Principal Place of Business - No P.O. Box # 5791 SW 34th Street Suite, Apt. #, etc.		3. Mailing Address 6800 SW 40 Street Suite, Apt. #, etc. #284	
City & State Miami Florida		City & State	
Zip 33155	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent BRITO, ALIDA 2146 SW 103 PLACE MIAMI FL 33165		7. Name and Address of New Registered Agent Name: Alberto J. Brito Street Address (P.O. Box Number is Not Acceptable): 5791 SW 34 Street City: Miami FL Zip Code: 33155	
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:  ALBERTO J BRITO DATE: 3/8/08 <small>Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, ALIDA 2146 SW 103 PLACE MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brito, J Alberto 5791 SW 34 Street Miami FL 33155 <input checked="" 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
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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 Section 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:  ALBERTO J BRITO		3/8/08 786-393-8179	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	