


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 047 ***150.00

DOCUMENT # P04000113215 1. Entity Name DV CREATIVES INC.					
Principal Place of Business 5243 NW 102 COURT MIAMI, FL 33178			Mailing Address 5243 NW 102 COURT MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 5232 NW 102nd court <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5232 NW 102 court <small>Suite, Apt. #, etc.</small>			
City & State Doral, Florida		City & State Doral, FL		4. FEI Number 56-2474188	
Zip 33178		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE VITA, ENNIO H 5243 NW 102 COURT MIAMI, FL 33178				7. Name and Address of New Registered Agent Name DE VITA, ENNIO H. Street Address (P.O. Box Number is Not Acceptable) 5232 NW 102nd court City Doral FL Zip Code 33178	
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 \$550.00 Due by September 12, 2008			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	PD DE VITA, ENNIO H 5243 NW 102 COURT MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE VITA, KARLA K 5243 NW 102 COURT MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE VITA KARLA, K 5232 NW 102nd court. Doral, FL 33178	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE VITA KARLA, K 5232 NW 102nd court. Doral, FL 33178	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			07.28.08 7865874580 <small>Date Daytime Phone #</small>		