

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90085 034 ***150.00

DOCUMENT # P04000119737

1. Entity Name
CREE-ATIVE SOLUTION, INC.



Principal Place of Business

~~8336 N. MISSIONWOOD CIR.~~
~~MIRAMAR, FL 33025~~

Mailing Address

~~8336 N. MISSIONWOOD CIR.~~
~~MIRAMAR, FL 33025~~

2. Principal Place of Business

✓ 10518 NW 3rd STREET

3. Mailing Address

✓ 10518 NW 3rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

U.S.A.

Zip

33026

Country

U.S.A.

04072005

Chg-P

CR2E034 (10/03)

4. FEI Number

42-1645221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASHFOOD, JOHN M
~~8336 N. MISSIONWOOD CIR.~~
~~MIRAMAR, FL 33025~~

10518 NW 3rd STREET
PEMBROKE PINES, FL
33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAHFOOD, JOHN F	
STREET ADDRESS	8336 N. MISSIONWOOD CIR.	
CITY - ST - ZIP	MIRAMAR, FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOYAN-MAHFOOD, ANDREA C	
STREET ADDRESS	8336 N. MISSIONWOOD CIR.	
CITY - ST - ZIP	MIRAMAR, FL 33025	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10518 NW 3 rd STREET	
CITY - ST - ZIP	PEMBROKE PINES, FL, 33026	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10518 NW 3 rd STREET	
CITY - ST - ZIP	PEMBROKE PINES, FL, 33026	
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

Daytime Phone #