2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166079

CREATIVE PRODUCTS TRADING, INC



FILED Jan 09, 2008 08:00 Al Secretary of State

Principal Place of Business

8725 NW 18 TERR SUITE 221 DORAL, FL 33172

Mailing Address

8725 NW 18 TERR SUITE 221 DORAL, FL 33172



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01042008 No Chg-P

Applied For 4. FEI Number 42-1654338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HOLCH, ALEJANDRO L 8725 NW 18 TERR SUITE 221 DORAL, FL 33172

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The above named entity submits this statement for the the obligations of registered agent	e purpose of c	:hanging its registered office	or registered agent, or b	oth, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE	itle if anglicable	(NOTE, Registered Agent sign	nature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00	9. Elect	tion Campaign Financing	\$5.00 мау ве			

After May 1, 2008 Fee will be \$550.00

Trust Fund Contribution

Added to Fees

OFFICERS AND DIRECTORS 10. THLE HOLCH, ALEJANDRO L NAM 8725 NW 18 TERR SUITE 221 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000776514 01/09/08-80027-014 150.00

DO NOT WRITE IN THIS SPACE

12. I nereoy certify that the information supplied with this filling 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 of the 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #