

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115589

Entity Name: CREATIVE ART & DECO INC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

7526 NOVA DR.
#14
DAVIE, FL 33317

New Principal Place of Business:

9469 SW 52 PL
COOPER CITY, FL 33328

Current Mailing Address:

7526 NOVA DR.
#14
DAVIE, FL 33317

New Mailing Address:

9469 SW 52 PL
COOPER CITY, FL 33328

FEI Number: 20-3550364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRA, LUZ S
7526 NOVA DR.
#14
DAVIE, FL 33317 US

Name and Address of New Registered Agent:

CABRA, LUZ S
9469 SW 52 PL
COOPER CITY, FL 33328 US

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.

SIGNATURE: LUZ S CABRA

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABRA, LUZ S
Address: 7526 NOVA DR.
City-St-Zip: DAVIE, FL 33317

Title: V () Delete
Name: CARVAJAL, LUZ A
Address: 7526 NOVA DR.
City-St-Zip: DAVIE, FL 33317

Title: S () Delete
Name: CARVAJAL, LUZ A
Address: 7526 NOVA DR.
City-St-Zip: DAVIE, FL 33317

Title: T () Delete
Name: CABRA, LUZ S
Address: 7526 NOVA DR.
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABRA, LUZ S
Address: 9469 SW 52 PL
City-St-Zip: COOPER CITY, FL 33328

Title: V (X) Change () Addition
Name: CARVAJAL, LUZ A
Address: 9469 SW 52 PL.
City-St-Zip: COOPER CITY, FL 33328

Title: S (X) Change () Addition
Name: CARVAJAL, LUZ A
Address: 9469 SW 52 PL
City-St-Zip: COOPER CITY, FL 33328

Title: T (X) Change () Addition
Name: CABRA, LUZ S
Address: 9469 SW 52 PL
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ S CABRA

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date