


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90335 045 ***150.00

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| DOCUMENT # P06000137059 |  |
| 1. Entity Name CREATIVE MANAGEMENT ASSOCIATES, INC. | |

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|---|---|
| Principal Place of Business 13330 SW 26TH TERR. MIAMI, FL 33175 | Mailing Address 13330 SW 26TH TERR. MIAMI, FL 33175 |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address P.O. BOX 65-3225 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Miami FL |
| Zip | Zip 33265 |
| Country | Country DOE |



04172008 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 4. FEI Number 35-2282559 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent DE ARMAS, ELBA 13330 SW 26TH TERR. MIAMI, FL 33175 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 | P DE ARMAS, ELBA 13330 SW 26TH TERR. MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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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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:

Elba de Armas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 (305) 222 9559

Date Daytime Phone #