

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2007 90047 003 \*\*\*150.00  
P06000147356

<b>DOCUMENT # P06000147356</b> 1. Entity Name <b>CREATIVE EMPIRE SERVICE INC.</b>					
Principal Place of Business <b>6959 PASTURELANDS DR. WINTER GARDEN, FL 34787</b>			Mailing Address <b>6959 PASTURELANDS DR. WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20 5940081</div>				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  <b>SALAZAR-VASQUEZ, RAFAEL J 6959 PASTURELANDS DR. WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALAZAR-VASQUEZ, RAFAEL J</b> <b>6959 PASTURELANDS DR.</b> <b>WINTER GARDEN, FL 34787</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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>			Date: <b>04/30/07</b> Daytime Phone #: <b>404 855 5131</b>		

FILED

07 MAY 22 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 Chg-P CR2E034 (12/06)

As per telephone conversation with

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