

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000072877

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** CREATIVE ENERGY ART THERAPY STUDIOS,INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD.,SUITE 110  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1930 NW 86TH AVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2100 PONCE DE LEON BLVD.,SUITE 110  
CORAL GABLES, FL 33134

**New Mailing Address:**

1930 NW 86TH AVE  
PEMBROKE PINES, FL 33024

**FEI Number:** 27-0859585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEDRO P. DELGADO, C.P.A.  
2100 PONCE DE LEON BLVD.,SUITE 1180  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FARRELL-KIRK, RAQUEL  
**Address:** 1930 NW 86TH AVE.  
**City-St-Zip:** PEMBROK PINES, FL 33024

**Title:** D  
**Name:** MISLUK, EILEEN  
**Address:** 1930 NW 86TH AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

**SIGNATURE:** RAQUEL FARRELL-KIRK

D

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date