

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 031 ***150.00

DOCUMENT # P93000006362 1. Entity Name CORPORATE CREATIONS ENTERPRISES INC.			
Principal Place of Business 841 4TH ST 200 MIAMI BEACH FL 33139		Mailing Address 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418 US	
2. Principal Place of Business 11380 Prosperity Farms Rd Suite, Apt. #, etc. 221E City & State Palm Beach Gardens FL Zip 33410 Country Palm Beach		3. Mailing Address 11380 Prosperity Farms Rd Suite, Apt. #, etc. 221E City & State Palm Beach Gardens FL Zip 33410 Country Palm Beach	
4. FEI Number 65-0387265		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 CORPORATE CREATIONS NETWORK, INC 941 4TH ST #200 MIAMI BCH FL 33139		7. Name and Address of New Registered Agent Corporate Creations Network Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens, FL 33410 Zip Code 33410	
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 <u>Nailita Diaz</u> <u>Asst. Secretary</u> <u>2/16/04</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME RODRIGUEZ, FRANK A STREET ADDRESS 4521 PGA BLVD, #211 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME URIARTE, LUIS STREET ADDRESS 941 4TH ST #200 CITY-ST-ZIP MIAMI BEACH FL 33139	<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 checked="" type="checkbox"/> Addition <u>Asst. Secretary</u> <u>Nailita Diaz</u> <u>11380 Prosperity Farms Rd #221E</u> <u>Palm Beach Gardens, FL 33410</u>
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Nailita Diaz</u> <u>Nailita Diaz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/16/04</u> Daytime Phone # <u>561-694-8107</u>	