2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# P93000018162

Entity Name: CREATIVE GROUP INVESTMENTS, INC.

Current Principal Place of Business:

8004 NW 154 ST.
#147
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

8004 NW 154 ST.
#147
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 65-0393003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, ARLENE
8004 NW 154 ST. #147
#147
MIAMI LAKES, FL 33016 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: PS ( ) Delete
Name: RODRIGUEZ, ARLENE
Address: 8004 NW 154 ST. #147
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: RODRIGUEZ, RAUL
Address: 8004 NW 154 ST. #147
City-St-Zip: MIAMI LAKES, FL 33016

Title: VS ( ) Delete
Name: RODRIGUEZ, ADA
Address: 8004 NW 154 ST. #147
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: RODRIGUEZ, ALINA
Address: 8004 NW 154 ST. #147
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD ( ) Delete
Name: RODRIGUEZ, EVA
Address: 8004 NW 154 ST. #147
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARLENE RODRIGUEZ PS 02/11/2005

Electronic Signature of Signing Officer or Director — Date