

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 015 ***150.00

DOCUMENT # P94000036301

1. Entity Name
CREATIVE BUSINESS SYNERGIES, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 114529 **P.O. BOX 114529**
MIAMI, FL 33111 **US** **MIAMI, FL 33111** **US**

54023314

2. Principal Place of Business 3. Mailing Address
P.O. Box 831060 **P.O. Box 831060**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03292004 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33283 **33283** **33283** **33283**

4. FEI Number Applied For
65-0493301 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, TERI		NAME		
STREET ADDRESS	P O BOX 110240		STREET ADDRESS	P.O. BOX 831060	
CITY-ST-ZIP	MIAMI, FL 33111		CITY-ST-ZIP	MIAMI, FL 33283	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, TERI		NAME		
STREET ADDRESS	P O BOX 110240		STREET ADDRESS	P.O. Box 831060	
CITY-ST-ZIP	MIAMI, FL 33111		CITY-ST-ZIP	MIAMI, FL 33283	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Teri Robinson Teri Robinson, Pres. 3/31/03 305-447-7805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #