

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90095 013 ***150.00

DOCUMENT # P95000013641

1. Entity Name
CREATIVE COMPUTER SERVICES, INC.



Principal Place of Business Mailing Address

8900 SW 107 AVE 8900 SW 107 AVE
 208 208
 MIAMI, FL 33176 US MIAMI, FL 33176 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5054 SW 140 CT **5054 SW 140 CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33175 **USA** **33175** **USA**

4001000



04012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0556527 Not Applicable

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

6. Name and Address of Current Registered Agent

REDMOND, MAUREEN L
5054 SW 140TH COURT
MIAMI, FL 33175

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMOND, MAUREEN	NAME	
STREET ADDRESS	5054 SW 140TH CT	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33175	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMOND, DENNIS C	NAME	
STREET ADDRESS	8935 VIA PRESTIGO W	STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON, FL 33411	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Maureen L Redmond MAUREEN L REDMOND 4/21/08 3056481009

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