

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 019 ***150.00

DOCUMENT # P95000027024

1. Entity Name

CREATIVE FINANCE MANAGEMENT, INC.



Principal Place of Business

10691 N. KENDELL
#304
MIAMI FL 33176

Mailing Address

10691 N. KENDELL
#304
MIAMI FL 33176



2. Principal Place of Business

643 WARREN LANE

Suite, Apt. #, etc.

3. Mailing Address

643 WARREN LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Key Biscayne, FL.

Zip
33149

Country

USA

City & State

Key Biscayne, FL.

Zip
33149

Country

USA

4. FEI Number

65-0573085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LILLY, JACQUELINE M
10691 N. KENDALL DR.
STE. 304
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

JACQUELINE M. LILLY

Street Address (P.O. Box Number is Not Acceptable)

643 WARREN LANE

City

Key Biscayne

FL

Zip Code

33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LILLY, JACQUELINE M	
STREET ADDRESS	10691 N. KENDELL DR., SUITE 304	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, JACQUELINE M	
STREET ADDRESS	10691 N. KENDELL DR., SUITE 304	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

J. Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/05 305
365-0013