

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000003919

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE CREATIONS, INC.

**Current Principal Place of Business:**

524 ISLE OF CAPRI DR  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRIAN LYNN  
TWO S. UNIVERSITY DR. STE. 215  
FORT LAUDERDALE, FL 33324

**New Mailing Address:**

**FEI Number:** 65-0633080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, BRIAN CPA  
2 S. UNIVERSITY DRIVE  
STE 215  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BATES, CATIA  
Address: 524 ISLE OF CAPRI DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VST  
Name: BATES, JAMES T  
Address: 524 ISLE OF CAPRI DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: CATIA BATES

P

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date