2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/29/2004-90002-013-$150.00-$150.00

FILED

04 JUL 28 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012890

1. Entity Name
CREATIVE ART GALLERIES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
5527 SW 8TH ST MIAMI, FL 33134	7270 NW 12TH ST., STE. 650 MIAMI, FL 33126

06-29-04 90002 013 #150.00 =

02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0610055

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BESKIN, JAY
BESKIN, LEWIS, & KRALOFF, PA
8200 STATE RD #84, STE 302
DAVIE, FL 33324

DO NOT WRITE IN THIS SPACE

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

TITLE	DPT
NAME	CASTRO, FRED
STREET ADDRESS	7270 NW 12TH ST., STE. 650
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DS
NAME	KOHLENBERG, LEAH L "Resigned"
STREET ADDRESS	7270 NW 12TH ST., STE. 650
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Fred Castro 6/21/04 (305) 491-7383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #