

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061434

FILED
Apr 22, 2005
Secretary of State

Entity Name: CREATIVE INTERIORS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

514 SE 13 STREET
FT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

2090 SW 60 AVE
PLANTATION, FL 33317 US

New Mailing Address:

514 NE 13 STREET
FORT LAUDERDALE, FL 33304 US

FEI Number: 65-0682284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGLIANONE, DERRICK
2090 SW 60 AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

CAGLIANONE, DERRICK
432 HOLLY LANE
PLANTATION, FL 33317 US

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: DERRICK CAGLIANONE

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAGLIANONE, DERRICK
Address: 2090 SW 60 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: FERRANTE, PAMELA
Address: 2090 SW 60 AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAGLIANONE, DERRICK
Address: 432 HOLLY LANE
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: CAGLIANONE, PAMELA F
Address: 432 HOLLY LANE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DERRICK CAGLIANONE

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date