

Kristen 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000002098

1. Entity Name

KRISTEN'S KREATIONS, INC.



Principal Place of Business
7741 NW 8TH ST
PEMBROKE PINES FL 33024

Mailing Address
7741 NW 8TH ST
PEMBROKE PINES FL 33024



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
65-0725521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMONS, JEROME A
3864 SHERIDAN ST
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reconstituting)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 PD ☐ Delete

NAME PATTERSON, RALPH
STREET ADDRESS 7741 NW 8TH ST
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE STD ☐ Delete

NAME PATTERSON, MARY M
STREET ADDRESS 7741 NW 8TH ST
CITY-STATE-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP
000000493544
04/24/06-80035-005 150.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ralph Patterson

RALPH W. PATTERSON, PRESIDENT

4/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #