## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## Jul 08, 2004 8:00 am **Secretary of State** DOCUMENT # P97000107002 07-08-2004 90189 016 \*\*\*158.75 UNDERGROUND CREATIONS, INC. Principal Place of Business Mailing Address 14031 SW152 TETTACE 14031 SW152 TETTACE ተ ያ በ ያ ር ዕ ር ዐ MAM, FL 33177 MAM, FL 33177 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 65-0803859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent + recibe DAVIS, JOHN A EA,MAC Street Address (P.O. Box Number is Not Acceptable) 827 NE 199 ST # 107 8180 NW 36STREET **SUITE 100** MIAMI, FL 33166 Zig Code 33179 ノィアルノ The above named entity submits this statement the obligations of registered agent. for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registere SIGNATURE Litte il applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE Addition NAME LEVY, LANCE NAME 14773 SW 180 STRET 14031 SW 152 TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33177 CITY-ST-799 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEVY, ROXANA NAME NAME NTI3 SW 160 STHET 14031 SW 152 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IF MIAMI, FL 33177 CITY-ST-ZIP ППЕ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED