


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**


04-21-2005 90229 037 \*\*\*158.75

<b>DOCUMENT # P97000107002</b>	
1. Entity Name <b>UNDERGROUND CREATIONS, INC.</b>	

Principal Place of Business <b>14773 SW 180 STREET MAM, FL 33187 US</b>	Mailing Address <b>14773 SW 180 STREET MAM, FL 33187 US</b>
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2. Principal Place of Business <b>18035 SW 156 ave</b>	3. Mailing Address <b>18035 SW 156 ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33187</b>	Country <b>US</b>
Zip <b>33187</b>	Country <b>US</b>

	
02072005	Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0803859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FIEGLER, GARY 827 NE 199 STREET SUITE 107 MIAMI, FL 33179</b>	
7. Name and Address of New Registered Agent Name <b>JOEL SANDERS &amp; COMPANY, PA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 SHOTGUN ROAD</b> City <b>WESTON</b> FL Zip Code <b>33326</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>18035 SW 156 avenue</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEVY, LANCE</b>		NAME <b>MIAMI, FL 33187</b>	
STREET ADDRESS <b>14773 SW 180 STREET</b>		STREET ADDRESS <b>MIAMI, FL 33187</b>	
CITY-ST-ZIP <b>MIAMI, FL 33187</b>		CITY-ST-ZIP <b>MIAMI, FL 33187</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>18035 SW 156 avenue</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEVY, ROXANA</b>		NAME <b>MIAMI, FL 33187</b>	
STREET ADDRESS <b>14773 SW 180 STREET</b>		STREET ADDRESS <b>MIAMI, FL 33187</b>	
CITY-ST-ZIP <b>MIAMI, FL 33187</b>		CITY-ST-ZIP <b>MIAMI, FL 33187</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROXANA LEVY 3/15/05 (782) 931-38**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #