


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000054071 1. Entity Name CREATIVE BUSINESS CONSULTANTS, INC.	
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Principal Place of Business 19960 PRINCEWOOD DRIVE JUPITER, FL 33458	Mailing Address 19960 PRINCEWOOD DRIVE JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0856735	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUASTELLA, LORRI J 19960 PRINCEWOOD DRIVE JUPITER, FL 33458
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**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 _____ <small>Signature typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent's signature required when renewing.)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000113763 04/15/04-80022-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUASTELLA, ALFREDO J 19960 PRINCEWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUASTELLA, LORRI J 19960 PRINCEWOOD DRIVE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: <u>Lorri J. Guastella</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/9/04 561-748-8716 <small>Date Daytime Phone #</small>
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Lorri J. Guastella