

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90065 022 ***150.00

DOCUMENT # P98000061985

1. Entity Name
CREATIVE TECHNICAL SYSTEMS, INC.



Principal Place of Business
**8181 NW 154TH ST
STE 250
MIAMI LAKES, FL 33016**

Mailing Address
**8181 NW 154TH ST
STE 250
MIAMI LAKES, FL 33016**

54029779



02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0850595

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, WARREN
19643 NW 82 PL
MIAMI, FL 33015**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ALLEN, WARREN**
STREET ADDRESS **19643 NW 82 PL**
CITY - ST - ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D GONZALES, ERONIOES**
STREET ADDRESS **7401 SABAL DRIVE**
CITY - ST - ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Change ☐ Addition
NAME **D GONZALEZ, ERONIDES**
STREET ADDRESS **7401 SABAL DRIVE**
CITY - ST - ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME **D OTALORA, RAFAEL**
STREET ADDRESS **4125 SW 152 AVE**
CITY - ST - ZIP **MIRAMAR, FL 33027**

TITLE ☒ Change ☐ Addition
NAME **D OTALORA, RAFAEL**
STREET ADDRESS **18535 S.W. 42nd ST**
CITY - ST - ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

Rafael Otalora

4/5/04 (305) 512-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #