2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 08:00 AM

1. Entity Nam	MENT # P9800007287				Sec	eretary	of State
1 '	STH STREET	failing Address 3390 N.W. 25TH STREET MAMI, FL 33122		- -			
C	OO NOT WRITE II		CE	01122005 4. FEI Numbe 65-085		GR2E034	
	6. Name and Address of Current Regis	stered Agent					
11380 PR #221 E PALM BE	ATE CREATIONS NETWORK, INC OSPERITY FARMS ROAD ACH GARDENS, FL 33410 e named entity submits this statement for the tions of registered agent.		ed office or registe	IN 7	NOT W THIS SF	PACE	illar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable - NOTE Posiciari	ed Agent signature require	d urban minetalloci		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$5	.00 May Be			
10.	OFFICERS AND DIRE	CTORS	_		=		······································
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLAK, F J 8390 N.W. 25TH STREET MIAMI, FL 33122	· -				700040	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, GUSTAVO 8390 NW 25 STREET MIAMI, FL 33122		·		TJ3/12/05-	260343 80021-00	02 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			=	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS				· · · · · ·	•		***

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #