


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000015975 |  |
| 1. Entity Name ASTRID CREATIVE ENDEAVORS, INC. | |

| | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 2780 NE 183RD STREET #1909 NORTH MIAMI BEACH, FL 33160 US | Mailing Address 2780 NE 183RD STREET #1909 NORTH MIAMI BEACH, FL 33160 US |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0908624 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

| |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent VEGA, ASTRID M 2780 NE 183RD ST #1909 NORTH MIAMI BEACH, FL 33160 |
|-----------------------------------------------------------------------------------------------------------------------------------------|

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

| | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VEGA, ASTRID M 2780 NE 183RD ST #1909 NORTH MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUGO, ELMO R 2780 NE 183RD ST #1909 NORTH MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000323321
04/22/05-80045-017 150.00

**DO NOT WRITE
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)(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: Astrid M. Vega Astrid M. Vega April 18th, 2005 (305) 932-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #