


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000057538

1. Entity Name
CREATIONS PRODUCTIONS AND MANAGEMENT GROUP, INC.



Principal Place of Business Mailing Address

5055 COLLINS AVENUE, #1F 5055 COLLINS AVENUE, #1F
 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0936839 Not Applicable

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

6. Name and Address of Current Registered Agent

OPHIR, CARMEL
 5055 COLLINS AVENUE, #1F
 MIAMI BEACH, FL 33140

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OPHIR, CARMEL T
STREET ADDRESS	5055 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000362145
 05/05/05-80106-013 158.75

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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 807, 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:  4/29/05 305-8613995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #