


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S11011	
1. Entity Name A.D.M. CREATIONS, INC.	

Principal Place of Business 1109 N. 21ST AVE #113 HOLLYWOOD, FL 33020	Mailing Address 20379 W COUNTRY CLUB DR #2238 N MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0224916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEBOWITZ, EDWARD 20379 W COUNTRY CLUB DR #2238 N MIAMI BEACH, FL 33180
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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 _____
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, 2005 Fee will be \$550.00

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

000000195413
01/26/05-80026-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEBOWITZ, MARCIA 20379 W CTRY CLB DR 2238 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SINGER, SHARON 20379 W CTRY CLB DR 2238 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEBOWITZ, EDWARD 20379 W CTRY CLB DR 2238 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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:  **Edward Lebowitz** 01/20/05 954-922-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #