

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S43981**

1. Entity Name  
**CREATIVE DESIGNS BY PATRICIA, INC.**



Principal Place of Business  
**11574 GORHAM DR  
COOPER CITY, FL 33026 US**

Mailing Address  
**11574 GORHAM DR  
COOPER CITY, FL 33026 US**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0256645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MAGAN, THERESA  
2261 NW 52ND CT.  
FORT LAUDERDALE, FL 33309**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	LEWIS, LARRY
STREET ADDRESS	11574 GORHAM DR
CITY-ST-ZIP	COOPER CITY, FL 33026

TITLE	ST
NAME	LEWIS, PATRICIA
STREET ADDRESS	11574 GORHAM DR.
CITY-ST-ZIP	COOPER CITY, FL 33026

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80022-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **PATRICIA LEWIS** *Patricia Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/08 954 431-8980**