

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 008 ***150.00

DOCUMENT # S68750

1. Entity Name

CREATIVE INTERIORS OF MIAMI, INC.



Principal Place of Business

9261 S.W. 40 ST.
MIAMI FL 33165
US

Mailing Address

9261 SW 40 ST.
MIAMI FL 33165
US



2. Principal Place of Business - No P.O. Box #

16225 S.W. 117 Ave

3. Mailing Address

16225 SW 117 Ave.

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

Miami FLA.

City & State

Miami FLA.

Zip

33177

Country

US

Zip

33177

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-6277839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE LUIS
9261 SW 40 ST.
MIAMI FL 3316

7. Name and Address of New Registered Agent

Name

Jose Luis Alvarez

Street Address (P.O. Box Number is Not Acceptable)

16225 S.W. 117 Avenue #12

City

Miami

FL

Zip Code

33177

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]

Signature, typed or printed name of registered agent and state of applicability.

(NOTE: Registered Agent signature required when reinstating)

4-3-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALVAREZ, JOSE LUIS ☐ Delete
STREET ADDRESS 9261 SW 40 ST.
CITY-ST-ZIP MIAMI FL

TITLE ST
NAME ALVAREZ, MITCHELLE ☐ Delete
STREET ADDRESS 9261 SW 40 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16225 S.W. 117 Ave #12
CITY-ST-ZIP Miami FLA - 33177

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16225 SW 117 Ave #12
CITY-ST-ZIP Miami FLA 33177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

Date

305278-8000

Daytime Phone #