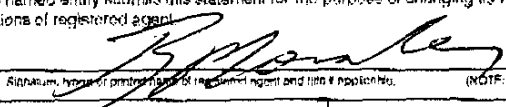


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90176 045 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V69176 1. Entry Name CREATIVE CUSTOM DESIGN MANUFACTURING, INC.			
Principal Place of Business 683 W 27TH ST HIALEAH, FL 33010 US		Mailing Address 683 W 27TH ST HIALEAH, FL 33010 US	
DO NOT WRITE IN THIS SPACE		14020706  04262004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0366028 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ARTURO 2857 SW 144 CT MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE	
8. The above named entry 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 fees if applicable. (NOTE: Registered Agent signature required upon reinstating)		DATE <u>4/27/04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSD		
NAME	RODRIGUEZ, ARTURO		
STREET ADDRESS	2857 SW 144 CT		
CITY- ST- ZIP	MIAMI, FL 33175		
TITLE	CFO		
NAME	ROBERTO MORALES		
STREET ADDRESS	13 NW 136 PL		
CITY- ST- ZIP	MIAMI FL 33182		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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 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: <u>Arturo Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/26/04</u> <u>305 726 3167</u> Date Time Filing #	