

FILED

Apr 23, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V69176

1. Entity Name
CREATIVE CUSTOM DESIGN MANUFACTURING, INC.Principal Place of Business
683 W 27TH ST
HIALEAH, FL 33010 USMailing Address
683 W 27TH ST
HIALEAH, FL 33010 US

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0368028
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 33175DO 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 releasing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

U00000325930

04/23/05 000000 016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RODRIGUEZ, ARTURO
STREET ADDRESS	2857 SW 144 CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	CFO
NAME	MORALES, ROBERTO
STREET ADDRESS	13 NW 136 PLACE
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)(f), 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 007, 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

4/15/05

305-982 6755

Daytime Phone #