

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079856

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: M2 DESIGN & CREATIVE SERVICES, INC.

**Current Principal Place of Business:**

P O BOX 840009  
HOLLYWOOD, FL 33084

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840009  
HOLLYWOOD, FL 33084

**New Mailing Address:**

FEI Number: 20-0103143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAGER, ROSS  
100 N HIATUS RD  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MINNICH, JENNIFER  
Address: 1000 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MINNICH, PAUL  
Address: 1000 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER MINNICH

D

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date