

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90264 017 \*\*\*150.00

**DOCUMENT # P03000079856**  
 1. Entity Name  
**M2 DESIGN & CREATIVE SERVICES, INC.**



Principal Place of Business      Mailing Address  
 P O BOX 840009      P O BOX 840009  
 HOLLYWOOD FL 33084      HOLLYWOOD FL 33084

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-0103143**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
 TRAGER, ROSS  
 100 N HIATUS RD  
 PEMBROKE PINES FL 33026

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | MINNICH, JENNIFER       |                                 |
| STREET ADDRESS | 1000 N HIATUS RD        |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026 |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | MINNICH, PAUL           |                                 |
| STREET ADDRESS | 1000 N HIATUS RD        |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Minnich, Jennifer        |  |
| STREET ADDRESS | 1000 N. Hiatus Rd.       |  |
| CITY-ST-ZIP    | Pembroke Pines, FL 33026 |  |
| TITLE          | V                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | minnich, Paul            |  |
| STREET ADDRESS | 1000 N. Hiatus Rd.       |  |
| CITY-ST-ZIP    | Pembroke Pines, FL 33026 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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 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: Jennifer Minnich      Date: 4-11-05      954-920-1066  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone