## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jun 25, 2008 8:00 am Secretary of State

Pince of Business   Policy & South   Pol	DOCUMENT # P03000079856  1. Entity Name M2 DESIGN & CREATIVE SERVICES, INC.						06-25-2008		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30.00	
Suite, Apt. F. etc.    Suite, Apt. F. etc.   Suite   Criy & State   Country   Zp   Country   S. Certificate of Status Desired   Sea.75 Additional Fier Required   Sea.75 Additional Fier Required   Fier Required   Sea.75 Additional Fier Required   Sea.75 Add	P O BOX 840009 P O BOX 840009		P O BOX 840009	33084			Į.	40109	092		
City & State    Application of Experiment   Power   Po	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-P	CR2E03	4 (12/06)			
S. Certificate of Status General Control Registered Agant  T. Name and Address of Current Registered Agant  T. Name and Address of Name  T. Name and Address of Name Registered Agant  T. Name and Address of Name Registered  T. Name Agant Registered Agant  T. Name and Address of Name Registered  T. Name Name Registered Agant  T. Name Agant Registered Agant  T. Nam	City & State		City & State				143				
TRAGER, ROSS  100 N HIATUS RO- PEMBROKE PINES, FL 90026  101 Street Address (P.O. Box Number is Not Acceptable)  101 SHERIDAN STREET SWITE * 310  Cry City FL 2/p Code Cooper (Hy FL 330,02 & 30,02 &	Zip . Country		Zíp	Country		5. Certificate o	f Status Desired				
STREET ADDRESS 100 NAME STREET FINES, FL 300260  TILE NOWILL SERIOR AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITION		6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered A	gent	_	
8. The above named entity-dubnits 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   Symbox   Fleet   Symbox	TRAGER, ROSS 100 N HIATUS RD					Address (P.O. Box Number is Not Acceptable)					
B. The above named entity dubmits 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 obligation of registered agent.  SIGNATURE    Symboth, hond or prilled forme of registered agent and life if applicable.   NOTE, Registered Agent separative required when rentating)   DATE		; ★)				+u		FL			
TILE NOWIII FEE IS \$150.00 SPECIAL PROPERTY AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS IN 11  TILE NOWIII FEE IS \$150.00 SPECIAL PROPERTY IN 10 SPECIAL PRO			or the purpose of changing its	registere			, in the State of Flo	orida. I am fa			
### After May 1, 2008 Fee will be \$55.0.0    10.											
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STREET ADDRESS CITY-ST-ZIP PÉMBROKE PINES, FL 93026  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			CITY	-ST-ZIP COOP		L 33026				
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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 discord 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.

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