


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-25-2008 90009 009 \*\*\*550.00

**DOCUMENT # P03000079856**

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



Principal Place of Business  
**P O BOX 840009  
 HOLLYWOOD, FL 33084**

Mailing Address  
**P O BOX 840009  
 HOLLYWOOD, FL 33084**

**40109092**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**20-0103143**

Applied For  
 Not Applicable

Zip Country

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

**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)  
**11011 SHERIDAN STREET SUITE # 310**

City **Cooper City** FL Zip Code **33026**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MINNICH, JENNIFER</b>	
STREET ADDRESS	<del><b>1000 N HIATUS RD</b></del>	
CITY-ST-ZIP	<del><b>PEMBROKE PINES, FL 33026</b></del>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MINNICH, PAUL</b>	
STREET ADDRESS	<del><b>1000 N HIATUS RD</b></del>	
CITY-ST-ZIP	<del><b>PEMBROKE PINES, FL 33026</b></del>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11011 SHERIDAN STREET SUITE # 310</b>	
CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11011 SHERIDAN STREET SUITE # 310</b>	
CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	
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 exemptions contained in Chapter 119, 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: 6/23/08 Daytime Phone #: 9549201066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR