


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90217 032 \*\*\*150.00

**DOCUMENT # P01000021450**  
 1. Entity Name  
**INDIAN CREEK HOLDING COMPANY, INC.**



Principal Place of Business      Mailing Address  
**C/O ALLEN & GALEGO**      **C/O ALLEN & GALEGO**  
**601 BRICKELL KEY DRIVE SUITE 805**      **601 BRICKELL KEY DRIVE SUITE 805**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

**94073819**

2. Principal Place of Business      3. Mailing Address  
*c/o Robert Allen Law*      *c/o Robert Allen Law*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*1441 Brickell Ave., suite 1014*      *1441 Brickell Ave., suite 1014*  
 City & State      City & State  
*MIAMI, FL*      *MIAMI, FL*  
 Zip      Country      Zip      Country  
*33131*           *33131*



04292004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3686980**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ALLEN & GALEGO**  
**601 BRICKELL KEY DRIVE SUITE 805**  
**MIAMI, FL 33131**

Name *Robert Allen Law*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1441 Brickell Ave.,*  
*Suite 1014*  
 City *MIAMI*      FL      Zip Code *33131*

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]*      By: *Robert N. Allen, Jr., President*      *4/28/04*  
Signature, typed or printed name of registered agent and title, applicable.      (NOTE: Registered Agent signature required when reinstalling.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, ROBERT N JR. 601 BRICKELL KEY DR., #805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ALLEN, ROBERT N. JR. 1441 BRICKELL AVE., SUITE 1014 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      *Robert N. Allen, Jr*      *4/29/04*      *305-372-8300*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #