


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90042 027 ***150.00

DOCUMENT # *377 555*

1. Entity Name
Indian Creek Industries Inc



DO NOT WRITE IN THIS SPACE

44021774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4903 Holly Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>4903 Holly Drive</i> Suite, Apt. #, etc.	
City & State <i>Tamarae Florida</i>		City & State <i>Tamarae Florida</i>	
Zip <i>33319</i>	Country <i>USA</i>	Zip <i>33319</i>	Country <i>USA</i>

4. FEI Number <i>59-1511817</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BERT ROTHGOF</i> <i>4903 Holly Drive</i> <i>TAMARA FLORIDA 33319</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *Bert Rothgof* Date: *March 26, 2004* Daytime Phone #: *954-484-3777*

CR2E034B (12/02)