

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 455714**

1. Entity Name  
**CREATIVE REAL ESTATE INVESTMENTS, INC.**



Principal Place of Business  
**385 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

Mailing Address  
**385 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1738823**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEDROSO, JESUS  
385 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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**

**U000000895558  
02/29/08-80040-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PEDROSO, JESUS
STREET ADDRESS	5055 NW 7ST APT 610
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	DIAZ, MIRIAM M
STREET ADDRESS	534 SW 13 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VD
NAME	PORTUONDO, JOHN
STREET ADDRESS	385 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/19/08**  
Date

**305-442-1256**  
Daytime Phone #