

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 599777**

1. Entity Name  
**CREEK REALTY, CO.**



Principal Place of Business      Mailing Address

**961 NW 7TH ST  
 MIAMI FL 33136**                      **961 NW 7TH ST  
 MIAMI FL 33136**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip      Country                      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For

**59-1885326**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWMAN, MICHAEL  
 961 NW 7TH ST  
 MIAMI FL 33136**

7. Name and Address of New 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, MICHAEL</b>	NAME	
STREET ADDRESS	<b>3074 OHIO ST</b>	STREET ADDRESS	<b>U00000926270</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	CITY-ST-ZIP	<b>05/20/08-80056-013 150.00</b>
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGEN, MARY</b>	NAME	
STREET ADDRESS	<b>3074 OHIO ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, ZACHARY</b>	NAME	
STREET ADDRESS	<b>961 NW 7 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any other like empowered.

SIGNATURE:  **MARY GAGEN**      4-25-08      305-545-6348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #