2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001044

1. Entity Name
CREAD, INC.

Principal Place of Business	Mailing Address
1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
25-1725567

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLARROEL, ARMANDO
1750 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

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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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, PATRICIA AVILA LIC.
STREET ADDRESS	CALLE DEL PUENTE #45, COLONIA EJIDOS DE HU
CITY-ST-ZIP	IPULCO MEXICO DF, MEXICO,
TITLE	ED
NAME	VILLARROEL, ARMANDO DR.
STREET ADDRESS	1750 NE 167TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331623017
TITLE	D
NAME	RUIZ, JAMIE A. R
STREET ADDRESS	CRA. 7A. NO. 42-27, CUARTO PISO - EDIFICIO
CITY-ST-ZIP	LOR URI-SANTAFE DE BOGOTA,CO,
TITLE	D
NAME	WAGONER, NANCY VAN DR.
STREET ADDRESS	ACADIA UNIVERSITY, CONT. & DIST. EDU.
CITY-ST-ZIP	WOLFVILLE NS B4P 2R6 CANADA,
TITLE	D
NAME	MASSICOTTE, GUY DR.
STREET ADDRESS	UNIVERSITE DU QUEBEC - 475, RUE DE L'ENG.
CITY-ST-ZIP	QUEBEC, QUEBEC G1K 9H7, CAN.,
TITLE	D
NAME	SIVORI, RODOLFO ANGEL LIC.
STREET ADDRESS	CHILE 554 - DTO.11
CITY-ST-ZIP	BUENOS AIRES 1098, ARGENTINA,

J00000401884
02/02/06-80062-024 61.25

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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 617, 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: ✓ _____ ✓ 1/23/06 454 262 7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Armando Villarroel