

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 1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	Mailing Address 1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33162
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1725567	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VILLARROEL, ARMANDO 1750 NE 167TH STREET NORTH MIAMI BEACH, FL 33162

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

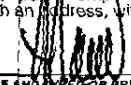
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

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02/02/06-80062-024 61.25

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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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 454 262 7829
Date Daytime Phone #