

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J38928

1. Entity Name

CREEL REALTY INC.



APPROVED  
AND  
FILED

05 JUN -9 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

201 CRANDON BLVD.  
UNIT 637  
KEY BISCAYNE FL 33149

Mailing Address

240 CRANDON BLVD.  
SUITE 202  
KEY BISCAYNE FL 33149-1543

2. Principal Place of Business

3. Mailing Address

90 2730 SW 3<sup>rd</sup> AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

800

City & State

City & State

MIAMI FL

Zip

Country

Zip

33129

Country

M-D

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2753075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUCHANGE, JEAN PHILIPPE  
10814 NW 33RD STREET # 100  
MIAMI FL 33172

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

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, 2005 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 PST ☐ Delete  
NAME DUCHANGE, JEAN PHILIPPE  
STREET ADDRESS 10814 NW 33RD STREET # 100  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
NAME 600056154676  
STREET ADDRESS 06/14/05--01051--005 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DUCHANGE, JEAN-PHILIPPE  
STREET ADDRESS 10814 NW 33RD STREET # 100  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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 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

JEAN PHILIPPE DUCHANGE

06/14/2005 (305) 361-2742