## **CORPORATION ANNUAL REPORT**

FILED May 03, 2005 Secretary of State

## DOCUMENT# N12000009186

Entity Name: CREACION DIVINA, INC,

Current Principal Place of Business: New Principal Place of Business:

15220 SW 296TH STREET LEISURE CITY, FL 33033

Current Mailing Address: New Mailing Address:

15220 SW 296TH STREET LEISURE CITY, FL 33033

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARBOSA, JUANA 15220 SW 296TH STREET LEISURE CITY, FL 33033 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BARBOSA, JUANA
 Name:

 Address:
 15220 SW 296TH STREET
 Address:

 City-St-Zip:
 LEISURE CITY, FL 33033
 City-St-Zip:

Title: VD Title: (X) Change ( ) Addition () Delete BARBOSA, JOSE ESCORCIA. BENJAMIN REV Name: Name: 15220 SW 296TH STREET 313 S COMMERCIO Address: Address: LEISURE CITY, FL 33033 CLEWISTON, FL 33440 City-St-Zip: City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: ESCORCIA, MARIA I Name: RIVERA, MIGUEL A REV
Address: 313 S COMMERCIO Address: 100 SW 4 AVE

City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ESCORCIA, BENJAMIN
 Name:
 ALVARADO, SOTERA

 Address:
 313 S COMMERCIO
 Address:
 312 WC OWENS

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA BARBOSA PD 05/03/2005