


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90222 038 ***150.00

DOCUMENT # P01000031281

1. Entity Name
CREARE, INC.



Principal Place of Business
**2385 EXECUTIVE CENTER DRIVE
 SUITE 100
 BOCA RATON, FL 33431**

Mailing Address
**2385 EXECUTIVE CENTER DRIVE
 SUITE 100
 BOCA RATON, FL 33431**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1200 Anastasia Avenue
 310**

Suite, Apt. #, etc.
310

City & State
Coral Gables

City & State
Coral Gables

Zip
33134

Country
USA



02242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1111428

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
WOODBIDGE, JR., FREDERICK 1200 ANASTASIA AVENUE SUITE 310 CORAL GABLES, FL 33134	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, 2004 Fee will be \$550.00

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 VPD NAME TAMAYO-GOMEZ, NORHA L STREET ADDRESS 2385 EXECUTIVE CENTER DR., SUITE 100 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE VP NAME JUAN E. OCHOA STREET ADDRESS 1200 Anastasia Avenue, Suite 310 CITY-ST-ZIP Coral Gables, 33134 USA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME ORTIZ, MARTHA STREET ADDRESS 2385 EXECUTIVE CENTER DR., SUITE 100 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE PD NAME MARTHA ORTIZ STREET ADDRESS 1200 Anastasia Avenue, Suite 310 CITY-ST-ZIP Coral Gables, 33134 USA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to this address, with all other like empowered.

SIGNATURE: Martha Ortiz, President Date: April 20/04 Daytime Phone #: 1(312)593-0659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR