
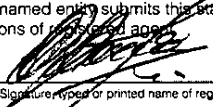
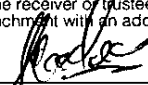


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90003 020 \*\*\*158.75

<b>DOCUMENT # P01000035133</b>			
1. Entity Name <b>CREMINOX INTERNATIONAL CORP.</b>			
Principal Place of Business <b>7207 BAY DRIVE SUITE 13 MIAMI BEACH, FL 33141</b>		Mailing Address <b>7207 BAY DRIVE SUITE 13 MIAMI BEACH, FL 33141</b>	
2. Principal Place of Business <b>7133 BAY DRIVE</b>		3. Mailing Address <b>7133 BAY DRIVE</b>	
Suite, Apt. #, etc. <b>604</b>		Suite, Apt. #, etc. <b>604</b>	
City & State <b>MIAMI BEACH, FLORIDA</b>		City & State <b>MIAMI BEACH, FLORIDA</b>	
4. FEI Number <b>65-1091645</b>		Applied For Not Applicable	
Zip <b>33141</b>	Country <b>DADE-COUNTY</b>	Zip <b>33141</b>	Country <b>DADE-COUNTY</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		06012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, ROBERTO GARCIA 7207 BAY DRIVE 13 MIAMI BEACH, FL 33141		Name <b>GARCIA, ROBERTO</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>7133 BAY DRIVE, SUITE #604</b>	
		City <b>MIAMI BEACH</b>	FL Zip Code <b>33141</b>
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 		ROBERTO GARCIA	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE <b>06/14/2005</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AGRENTA, HECTOR E 7207 BAY DRIVE #13 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AGRENTA, HECTOR E. 7133 BAY DRIVE #604 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CARAZA, AGUSTIN JOSE 7207 BAY DRIVE #13 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CARAZA, AGUSTIN JOSE 7133 BAY DRIVE #604 MIAMI BEACH, FL 33141 <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
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
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: 		HECTOR E. AGRENTA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>06/14/2005</b> (305) 865-0925	
		Daytime Phone #	

ATTACHMENT

40088531

June 14, 2005

Florida Department of State  
Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Subject: CREMINOX INTERNATIONAL CORP.  
Document No: P01000035133


Dear Sir or Madam:

We want to inform you that we did not receive The 2005 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 865-0925 We will be waiting for your prompt and positive response.

Cordially,

  
\_\_\_\_\_  
Hector E. Agrenta  
President