2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0200005331 1. Entity Name GHEORGHE CRETA, INC.				FILED		
			05 SEP	30 W 9 09		
Principal Place of Business -414 S.E. 10TH STREET, #206 -DANIA BEACH, FL-33004	OTH STREET, #206 ~414 S.E. 10TH STREET, #206		CECRUI!	TATE THE HOLLA		
Principal Place of Business	3. Mailing Address					
851 Three Islands BWd.	851 Three Islands Blud		<u>d. </u>	ANA BURN UUNU KUNU KANDA NADE NADE NADE NADAN NADAN NA		
Suite, Apt. #, etc. # 120			08252005 Chg-P	CR2E034 (10/03)		
Hallandale, FC	City & State Hallandal, FC		4. FEI Number 81-0588955	Applied Not App		
33009 Broward	33009	Broward	5. Certificate of Status Desi	red \$8.75 Additional Fee Required	ıl	
6. Name and Address of Current Registered Agent Name COF				7. Name and Address of New Registered Agent TA GHEORGHE		
CRETA, GHEORGHE.			Street Address (P.O. Box Number is Not Acceptable);			
DANIA BEACH, FL 33004			# 120			
-			Hallandale FL Zip Code 3009			
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 Gheorgle Creta 9/7/05						
Signature, typed or printer name divegistered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND	DIRECTORS Delete	11.		OFFICERS AND DIRECTORS IN 1		
NAME CRETA, GHEORGHE NAM			RETA GHEORGH 51 Three Island	E	Addition	
CITY-ST-ZIP DANIA BEACH, FL 33004		CITY-ST-ZIP 4	lallandale, FL	33009		
TITLE NAME	☐ Delete	TITLE NAME	00006	:0203330 -	Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	10/04/050	1011009 **150.0	U	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE		☐ Change ☐	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-SI-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip				
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP		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 SIGNATURE AND TYPE OR DENITED MADE OF SIGNARY						

SCOTT H. LUTWAK, C.P.A.

Certified Public Accountant
1166 W. NEWPORT CENTER DRIVE – SUITE 114
DEERFIELD BEACH, FL 33442
(954) 426-4480

August 5, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:Gheorghe Creta, Inc. P02000005331

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form., Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Scott H. Lutwak

SHL/gg