

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90073 004 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**



DOCUMENT # P02000005628
 1. Entity Name
INDIAN CREEK INVESTMENT, INC.

Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03282004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0663632	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWE, OSMOND C JR 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D HOWE, OSMOND C JR <input type="checkbox"/> Delete
NAME	HOWE, OSMOND C JR
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 504
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S HOWE, OSMOND C JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, OSMOND C JR
STREET ADDRESS	501 BRICKELL KEY DR. SUITE 504
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODESTA, MARIA
STREET ADDRESS	501 BRICKELL KEY DR. SUITE 504
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Date Daytime Phone #