

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90002 049 \*\*\*150.00

<b>DOCUMENT # P02000026105</b> 1. Entity Name <b>KREATVT, CORPORATION</b>					
Principal Place of Business <b>9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024</b>			Mailing Address <b>9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024</b>		
2. Principal Place of Business <i>9050 Pines Boulevard</i>		3. Mailing Address <i>9050 Pines Boulevard</i>		  05162005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <i>Suite 415</i>		Suite, Apt. #, etc. <i>Suite 415</i>			
City & State <i>Pembroke Pines, FL</i>		City & State <i>Pembroke Pines, FL</i>			
Zip    Country <i>33024    USA</i>		Zip    Country <i>33024    USA</i>			
4. FEI Number <b>01-0603157</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LA FERRIERE, KENA L 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024</b>			7. Name and Address of New Registered Agent Name <i>LaFerriere, Kena L</i> Street Address (P.O. Box Number is Not Acceptable) <i>9050 Pines Boulevard</i> <i>Suite 415</i> City <i>Pembroke Pines, FL</i> Zip Code <i>33024</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAMACHO, LUIS S <input type="checkbox"/> Delete AVENUE FUERZAS ARMADAS, CASA BLANCA, NO. 07 MARACAIBO-ZULIA, VENEZUELA,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD URRIBARRI, LEIXIDA J <input type="checkbox"/> Delete 14318 NW 15 STREET PEMBROKE PINES, FL 33028		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	
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.					
<b>SIGNATURE: <i>Kena LaFerriere, Kena LaFerriere, RA</i></b> <i>05/16/05</i> <i>954-612-8122</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					