


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000026105		
1. Entity Name KREATVT, CORPORATION		
Principal Place of Business 9050 PINES BOULEVARD SUITE 415 PEMBROKE PINES, FL 33024		Mailing Address 14318 NW 15TH ST PEMBROKE PINES, FL 33028
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LA FERRIERE, KENA L 9050 PINES BOULEVARD SUITE 415 PEMBROKE PINES, FL 33024		DO NOT WRITE IN THIS SPACE
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>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000611730 02/02/07-80075-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAMACHO, LUIS S AVENUE FUERZAS ARMADAS, CASA BLANCA, NO. 07 MARACAIBO-ZULIA, VENEZUELA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD URRIBARRI, LEIXIDA J 14318 NW 15 STREET PEMBROKE PINES, FL 33028	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Leixida U. de Camacho</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>01/26/07</i> <i>954-444-8506</i> <small>Date Daytime Phone #</small>