

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092563

Entity Name: CREOLE, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

1148 ALHAMBRA CIR
CORAL GABLES, FL 33134

New Principal Place of Business:

327 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Current Mailing Address:

1148 ALHAMBRA CIR
CORAL GABLES, FL 33134

New Mailing Address:

327 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

FEI Number: 05-0536816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, ALEJANDRO ESQ
250 GIRALDA AVE 2 FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COZAD, CHRISTOPHER
Address: 1148 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD () Delete
Name: MENDOZA, PHILIP
Address: 800 CAPRI APT 405
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER C. COZAD

PTD

02/21/2005

Electronic Signature of Signing Officer or Director

Date