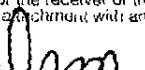


FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000043134						Secretary of State					
1. Entity Name CREACION CORP.											
Principal Place of Business 10800 NW 51 LANE DORAL, FL 33178 US				Mailing Address 10800 NW 51 LANE DORAL, FL 33178 US							
2. Principal Place of Business				3. Mailing Address				 04042006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc				Suite, Apt. #, etc							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number 27-0059178						☐ Applied For		☐ Not Applicable			
5. Certificate of Status Desired ☐						\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
OLIVERA, GABRIELA 10800 NW 51 LANE DORAL, FL 33178						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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:  4-6-06											
Record Office is a service of registered agent and not of applicable. (NOTE: Registered Agent signature is required when available.)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00						9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY ST ZIP PTS VALDEZ, CARLOS 10800 NW 51 LANE DORAL, FL 33178 ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP 000000495807 04/21/06-80024-024 150.00 ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP TREA VALDEZ, CARLOS 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP SECY VALDEZ, CARLOS 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete						TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition					
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:  4-06-06											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											