

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000101940

1. Entity Name
TIMBERCREEK ASSOCIATES, INC.



Principal Place of Business

9495 SUNSET DRIR
B-230
MIAMI, FL 33173

Mailing Address

9495 SUNSET DRIR
B-230
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1070518

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SUEIRAS, VIVIAN
9495 SUNSET DR
STE B-230
MIAMI, FL 33173

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SUEIRAS, ALBERT
STREET ADDRESS	9495 SUNSET DR, #B-230
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VTD
NAME	SUEIRAS, VIVIAN
STREET ADDRESS	9495 SUNSET DR, #B-230
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000385207
01/18/06-80008-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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

1/10/06
Date

212781655
Daytime Phone #