

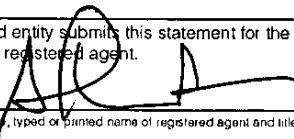
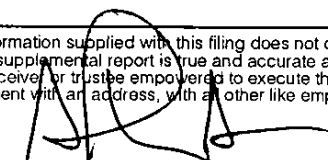


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000029714						FILED 05 SEP 26 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name CREPES & COMPANY, INC.							
Principal Place of Business 276 ALHAMBRA CIRCLE CORAL GABLES FL 33134				Mailing Address 276 ALHAMBRA CIRCLE CORAL GABLES FL 33134			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0775236				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MONTOKA, GABRIEL 1155 BRICKELL BAY DR. #901 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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				DATE 9/10/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	09/26/05--01002--007 **550.00		
NAME	MONTOKA, GABRIEL			NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	1155 BRICKELL BAY DR. #901			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	ALBANO, DOMENICO			NAME			
STREET ADDRESS	540 BRICKELL KEY DR. #1213			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 an other like empowered.							
SIGNATURE: 				Date 9/10/05 305464545			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			