

2005 FOR PROFIT CORPORATION ANNUAL REPORT


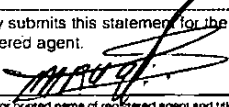
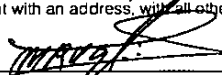
FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90066 002 *****8.75
 02-16-2005 90066 001 ***150.00

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02092005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000063945			
1. Entity Name C'REMIGE CORPORATION			
Principal Place of Business 13499 BISCAYNE BLVD. STE. 513 NORTH MIAMI, FL 33181		Mailing Address 13499 BISCAYNE BLVD. STE 513 NORTH MIAMI, FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent URIBE, TULIO C 2425 N E 135 ST STE 201 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name URIBE, MIRCKO R. Street Address (P.O. Box Number is Not Acceptable) 13499 BISCAYNE BLVD STE 513 City NORTH MIAMI FL Zip Code 33181	
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  URIBE, MIRCKO R. DATE FEB 09 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, MIRCKO R	NAME	
STREET ADDRESS	13499 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, RENZO F	NAME	
STREET ADDRESS	13499 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, TULIO C	NAME	
STREET ADDRESS	13499 BISCAYNE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		Date FEB 09 2005 Daytime Phone # (305)-948-6048	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	