2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121380

NEW CREATION CONSTRUCTION, INC.



FILED May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

8308 N ORLEANS AVE TAMPA, FL 33604

MIERES, ERNESTO

8308 N ORLEANS AVE TAMPA, FL 33604

Mailing Address

8308 N ORLEANS AVE TAMPA, FL 33604



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P -05052008 CR2E034 (11/05)

Applied For 4. FEI Number 20-1611450 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

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. If 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 reinstating) DATE				
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.			scing \$5.00 May 8e Added to Fees	U00000950586 06/03/08-80073-010 158.75
10. OFFICERS AND DIRECTORS			的關係	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MIERES, ERNESTO 8308 N ORLEANS AVE TAMPA, FL 33604			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #