

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV -1 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-6-07

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10242007 Chg-P CR2E034 (12/06)

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| <b>DOCUMENT # P05000068402</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                        |                                                                                                                                                 |
| 1. Entity Name<br><b>CREATIVE PROPERTIES DEVELOPMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                                         |                                                                                                                                                 |
| Principal Place of Business<br><b>571 SOUTH MASHTA DRIVE<br/>KEY BISCAYNE, FL 33149</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | Mailing Address<br><b>571 SOUTH MASHTA DRIVE<br/>KEY BISCAYNE, FL 33149</b>                                                             |                                                                                                                                                 |
| 2. Principal Place of Business - No P.O. Box #<br><b>10655 SW 190 Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                                                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                 |
| City & State<br><b>Miami, FL 33157</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | City & State                                                                                                                            |                                                                                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                             | Zip                                                                                                                                     | Country                                                                                                                                         |
| 4. FEI Number<br><b>14-1929460</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | Applied For<br><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<br><b>LAMONT NEIMAN INTERIAN &amp; BELLET, P.A.<br/>2 S. BISCAYNE BLVD.<br/>SUITE 3550<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                                                                                                         |                                                                                                                                                 |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRES<br/>REYES, JUAN C<br/>571 SOUTH MASHTA DRIVE<br/>KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>800111581798<br/>11/01/07--01033--003 **61.25</b>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SECR<br/>REYES, PEDRO<br/>2900 SW 82ND AVENUE<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TS<br/>SALDIVAR, RAMON<br/>445 ALEDO AVENUE<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>RAMOS, JORGE G<br/>14461 SW 160 TERRACE<br/>MIAMI, FL 33177</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>PEREZ, RAFAEL<br/>15300 SW 58 STREET<br/>MIAMI, FL 33153</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>MONIVIS, BRADLEY V<br/>10351 SW 64 COURT<br/>MIAMI, FL 33173</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D<br/>MONIVIS, BRADLEY V<br/>10351 SW 64 Street<br/>Miami, FL 33173</b> |
| 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: <u>Juan C Reyes 10/24/07</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                         |                                                                                                                                                 |

**ATTACHMENT**  
**2007 for Profit Corporation**  
**Amended Annual Report**

ADD:

Jorge I. Ramos  
14461 SW 160 Terrace  
Miami, FL 33177

Title: D

ADD:

Eduardo Q. Alfonso  
10381 SW 64 Street  
Miami, FL 33173

Title: D