
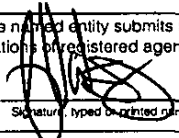
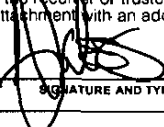


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90058 043 ***150.00

DOCUMENT # P07000134052 1. Entity Name KREEPYTIKI INC.			
Principal Place of Business 2650 NW 25 AVE 101 MIAMI, FL 33142 US		Mailing Address 2650 NW 25 AVE 101 MIAMI, FL 33142 US	
2. Principal Place of Business - No P.O. Box # 2600 S. Federal Hwy Suite, Apt. #, etc.		3. Mailing Address 2600 S. Federal Hwy Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33316		City & State Ft. Lauderdale, FL Zip 33316	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent QUINTANA, LOURDES J 2650 NW 25 AVE 101 MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Jackson Valiente Street Address (P.O. Box Number is Not Acceptable) 2600 S. Federal Hwy City Ft. Lauderdale FL Zip Code 33316	
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:  DATE: 2/5/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME QUINTANA, LOURDES J STREET ADDRESS 2650 NW 25 AVE CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE P NAME Valiente, Jackson STREET ADDRESS 2650 N.W. 25 Ave., Apt 100 CITY-ST-ZIP Miami, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME VALIENTE, JACKSON STREET ADDRESS 2650 NW 25 AVE CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Carrera, Jose L STREET ADDRESS 11975 SW 37 St. CITY-ST-ZIP Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME CARRERA, JOSE L STREET ADDRESS 11975 SW 37 ST CITY-ST-ZIP MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRES NAME GONZALEZ, YUMILA STREET ADDRESS 11975 SW 37 ST CITY-ST-ZIP MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: Feb-6-08 Daytime Phone #: (305) 804-7606	