
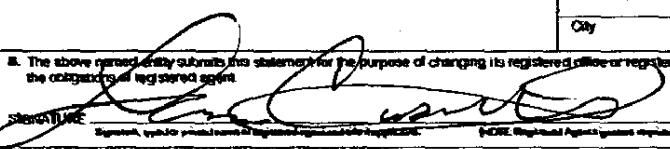
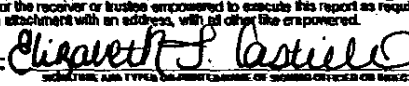


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

00110001

DOCUMENT # P92000004246 1. Entity Name CREPTO INC.			
Principal Place of Business 1351 WEST 34 ST. MIAMI, FL 33012		Mailing Address P.O. BOX 940428 MIAMI, FL 33194	
2. Principal Place of Business 1351 West 34 St State, Apt. #, etc.		3. Mailing Address P.O. BOX 940428 State, Apt. #, etc.	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		4. FEI Number 65-0369043	
City & State Miami, FL Zip 33012		City & State Miami, FL Zip 33194	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, LAZARO O 1351 WEST 34 ST. MIAMI, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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  <small>Signature, type or printed name of registered agent and date (month/year)</small>		Date 5/1/03	
<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 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CASTILLO, LAZARO O 12698 N.W. 10 TRAIL MIAMI, FL 33182			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V CASTILLO, ELIZABETH J 12698 N.W. 10 TRAIL MIAMI, FL 33182			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemption stated in Section 199.07(3)(d), 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: 5/1/03	

CREC034 (1/02)