

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 02, 2005 8:00 am  
Secretary of State**

05-02-2005 90525 048 \*\*\*158.75

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1. Entity Name  
WOLFCREEK INVESTMENT CORP.



Principal Place of Business  
5578 W FLAGLER ST  
MIAMI, FL 33134 US

Mailing Address  
P.O. BOX 655354  
MIAMI, FL 33265-5354 US

**50045753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0466681

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SZLAPAK, ISRAEL D  
5576 W FLAGLER ST  
MIAMI, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  Delete  
NAME SZLAPAK, FRIDA  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE DV  Delete  
NAME SZLAPAK, ISRAEL D  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE PD  Delete  
NAME NOVIGROD, ROBERT  
STREET ADDRESS 5576 W FLAGLER ST  
CITY-ST-ZIP MIAMI, FL 33134

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD  Change  Addition  
NAME Frida Szlapak

TITLE DV  Change  Addition  
NAME SZLAPAK, ISRAEL D

TITLE PD  Change  Addition  
NAME NOVIGROD, ROBERT

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: Israely Szlapak (ISRAEL D. SZLAPAK)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/05 (305)280-9597  
Date Daytime Phone #