2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000093931

1. Entity Name CREATIVE CHOICE HOMES VIII, INC.



EILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAR 18 AM 11: 11

Principal Place of Business

Mailing Address

C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410



NOT WRITE IN THIS SPACE

02182005 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0545712

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BAROT, DILIP

PALM BCH GARDENS, FL 33410

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 D NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

_				The state of the s
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title i	ł applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	_ +====================================	
10.	OFFICERS AND DIRECTORS			
TITLE	SVP			
NAME	WEIR, JOHN F			
STREET ADDRESS	4243-D NORTHLAKE BLVD.			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			0 <u>0</u> 049195636
TITLE	S		no/38	5/0501052019 **693.75
NAME	KAKKAR, YASHPAL		Leading to the control of the contro	ນເຄວຄາຄວິຊີຄາວ . **ຍວລອ່າ ເວ
STREET ADDRESS	4243-D NORTHLAKE BLVD.			الله الله الله الله الله الله الله الله
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			
TITLE	TDP			
NAME	BAROT, DILIP			
STREET ADDRESS	4243-D NORTHLAKE BLVD			NOTWELL

IN THIS SPACE

DO NOT WRITE

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 rebort 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Yash Pal Kakkar, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05 کسما

(561) 627-7988

Date

Daytime Phone #