

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000094189

1. Entity Name
6484 INDIAN CREEK DRIVE, INC.



Principal Place of Business
11300 N.E. SECOND AVE.
MIAMI SHORES, FL 33161

Mailing Address
11300 N.E. SECOND AVE.
MIAMI SHORES, FL 33161



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0669852

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
ONE S.E. THIRD AVE.
SUITE 2600
MIAMI, FL 33131

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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000055969
02/18/04-80027-012 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'LAUGHLIN, SISTER JEANNE OP
STREET ADDRESS 11300 N.E. SECOND AVE.
CITY-ST-ZIP MIAMI SHORES, FL 33161

TITLE VD
NAME LEE, J. PATRICK
STREET ADDRESS 11300 N.E. SECOND AVE.
CITY-ST-ZIP MIAMI SHORES, FL 33161

TITLE TD
NAME CZERNIEC, TIMOTHY H
STREET ADDRESS 11300 N.E. SECOND AVE.
CITY-ST-ZIP MIAMI SHORES, FL 33161

TITLE SD
NAME FREI, SIS. JOHN KARE OP
STREET ADDRESS 11300 N.E. SECOND AVE.
CITY-ST-ZIP MIAMI SHORES, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Timothy H. Czerniec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

(305) 899-3050

Daytime Phone #