


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90114 041 \*\*\*158.75

<b>DOCUMENT # P95000094189</b>	
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
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60012334



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0669852	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROSENBERG, DONALD S ONE S.E. THIRD AVE. SUITE 2600 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVILACQUA, SISTER LINDA OP <input type="checkbox"/> Delete 11300 N.E. SECOND AVE. MIAMI SHORES, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, J. PATRICK <input checked="" type="checkbox"/> Delete 11300 N.E. SECOND AVE. MIAMI SHORES, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peterson, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11300 NE SECOND AVE MIAMI SHORES, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CZERNIEC, TIMOTHY H <input type="checkbox"/> Delete 11300 N.E. SECOND AVE. MIAMI SHORES, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREI, SIS. JOHN KARE OP <input type="checkbox"/> Delete 11300 N.E. SECOND AVE. MIAMI SHORES, FL 33161	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.	
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1/17/07 <small>Date</small>	305-899-3050 <small>Daytime Phone #</small>
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