

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0669852

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000938207

05/27/08-80080-021 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEVILACQUA, SISTER LINDA OP
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 VD
NAME PETERSON, LINDA
STREET ADDRESS 11300 NE SECOND AVE
CITY-ST-ZIP MIAMI SHORES, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY H. CZERNIEC

Date

Daytime Phone #

4/24/08 305-993050