


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000089036</b>	
1. Entity Name INDIAN CREEK RESORTS DEVELOPMENT, INC.	

Principal Place of Business 6000 INDIAN CREEK DR MIAMI BEACH, FL 33140 US	Mailing Address 755 E 49TH ST #8 HIALEAH, FL 33013 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DIAZ, FABIAN F 755 E 49TH ST #8 HIALEAH, FL 33013	
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07152004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0723209	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO LEON, CARLOS A 755 E 49 ST #8 HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA-DIAZ, FABIAN 1047 92ND ST BAY HARBOR ISLANDS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/19/04-800007-002 150.00

**DO NOT WRITE 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)(f), 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:**  **7/15/04** **(305) 725-5179**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #