

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90214 008 ***150.00

DOCUMENT # P97000061275

1. Entity Name
CRE AMERICA CORPORATION



Principal Place of Business
550 BILTMORE WAY
SUITE 700
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 700
CORAL GABLES, FL 33134

94073693



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0770049

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ROBERTO
7815 NW 148TH STREET
MIAMI, FL 33018

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Agents 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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ORTIZ, RAMIRO ☐ Delete
STREET ADDRESS 255 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SVP
NAME CLUTTER, MICHAEL ☒ Delete
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE EVP
NAME POST, VINCE ☒ Delete
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD
NAME LOPEZ, HUMBERTO ☐ Delete
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVPS
NAME CLAY WILSON ☐ Change ☒ Addition
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE EVP
NAME FELIX GARCIA ☐ Change ☒ Addition
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMBERTO LOPEZ

Date

Daytime Phone #

4/29/04 (305) 231-6400