## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90261 007 \*\*\*150.00 DOCUMENT # P97000061275 1. Entity Name **CRE AMERICA CORPORATION** 14009894 Principal Place of Business Mailing Address 550 BILTMORE WAY 550 BILTMORE WAY SUITE 700 SUITE 700 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0770049 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ROBERTO **7815 NW 148TH STREET** Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33018 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 Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition ORTIZ, RAMIRO NAME NAME STREET ADDRESS 255 ALHAMBRA CIR STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ÉVP ☐ Delete SEVP TITLE **I** Change ☐ Addition Garcia Felix 255 Alhambra Cirele GARCIA, FELIX NAME NAME STREET ADDRESS 255 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Coral Gables FL 33134 **EVPS** TITLE ☐ Delete TITLE ☐ Change ■ Addition WILSON, CLAY NAME NAME STREET ADDRESS 255 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIF CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LOPEZ, HUMBERTO NAME NAME Alhambra cirele STREET ADDRESS 255 ALHAMBRA CIRCLE STREET ADDRESS MIGMI, FL 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP 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 repeiver 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 chapted or on an attachment with all address with all other like empowered. changed, or on an attach all other like empowered.

SIGNATURE:

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FILED