## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000008329

Address:

City-St-Zip:

FILED Nov 17, 2004 Secretary of State

Entity Nan	ne: REEDY (	CREEK MITIGATION, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
2300 CORA SUITE 200 MIAMI, FL							
Current Ma	ailing Addres	ss:	New Mailing Address:				
2300 CORA SUITE 200 MIAMI, FL							
FEI Number:	65-0848105	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:		
FLORIDA A 2300 CORA SUITE 200 MIAMI, FL	AL WAY	ORT SERVICES INC.					
The above in the State		submits this statement for the p	ourpose of changing i	ts registered	office or registered agent	or both,	
SIGNATUR	RE:						
	Electron	nic Signature of Registered Age	ent	Date			
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.			
	npaign Financin S AND DIREC	g Trust Fund Contribution ( ). TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	KEIHNER, BRU 901 NORTHPO	) Delete ICE W INT PARKWAY, #108 EACH, FL 33407	Title: Name: Address: City-St-Zip:		) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BADER, GEOR	A CIRCLE, SUITE 500	Title: Name: Address: City-St-Zip:	BADER, GEO 150 ALHAMBI	X) Change ()Addition RG RA CIRCLE, SUITE 500 .ES, FL 33134		
Title: Name: Address: City-St-Zip:	CARTAYA, LID	A CIRCLE, SUITE 500	Title: Name: Address: City-St-Zip:	CARTAYA, LII 150 ALHAMBI	X) Change ()Addition DIA RA CIRCLE, SUITE 500 .ES, FL 33134		
Title: Name: Address: City-St-Zip:	CONRADI, AXE	A CIRCLE, SUITE 500	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name:	V ( LOPEZ-CANTE	) Delete RA, CARLOS	Title: Name:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LIDIA CARTAYA VS 11/17/2004

2199 PONCE DE LEON BLVD.. STE 200

CORAL GABLES, FL 33134