

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90073 004 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**



DOCUMENT # P02000005628

1. Entity Name
INDIAN CREEK INVESTMENT, INC.

Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03282004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0663632	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOWE, OSMOND C JR
501 BRICKELL KEY DRIVE SUITE 504
MIAMI, FL 33131

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent 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	D <input type="checkbox"/> Delete NAME: HOWE, OSMOND C JR STREET ADDRESS: 501 BRICKELL KEY DRIVE SUITE 504 CITY-ST-ZIP: MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: HOWE, OSMOND C JR STREET ADDRESS: 501 BRICKELL KEY DR. SUITE 504 CITY-ST-ZIP: MIAMI, FL 33131
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PODESTA, MARIA STREET ADDRESS: 501 BRICKELL KEY DR. SUITE 504 CITY-ST-ZIP: MIAMI, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR