


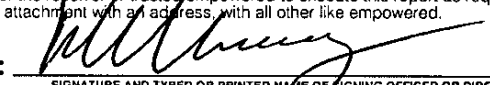
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90261 007 ***150.00

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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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0770049	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	ORITZ, RAMIRO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		255 ALHAMBRA CIR		NAME	
STREET ADDRESS		CORAL GABLES, FL 33134		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	EVP	GARCIA, FELIX	<input type="checkbox"/> Delete	TITLE	SEVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		255 ALHAMBRA CIRCLE		NAME	Garcia, Felix
STREET ADDRESS		CORAL GABLES, FL 33134		STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP				CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	EVPS	WILSON, CLAY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		255 ALHAMBRA CIRCLE		NAME	
STREET ADDRESS		CORAL GABLES, FL 33134		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	LOPEZ, HUMBERTO	<input type="checkbox"/> Delete	TITLE	EVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		255 ALHAMBRA CIRCLE		NAME	Lopez, Humberto
STREET ADDRESS		CORAL GABLES, FL 33134		STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP				CITY-ST-ZIP	Miami, FL 33134
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
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 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: 4/26/05 305)5690000	