


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # K38052
 1. Entity Name
WINNIE & CELINA, INC.



Principal Place of Business 2035-2037 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	Mailing Address 2035-2037 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



08122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0075227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TERMINELLO, LOUIS J
CHADROFF, TERMINELLO & TERMINELLO
2700 S.W. 37TH AVE.
MIAMI, FL 33133

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MCCARTHY, WINNIE I. 2035-37 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MCCARTHY, SUE ANN 2035-37 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MCARTHY, ROBERT 4301 SW 33 STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000170350
 08/18/04-80002-021 150.00

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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] **X** 8/16/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #