

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000027647

1. Entity Name
A. CELL INTERNATIONAL, INC.



Principal Place of Business Mailing Address

**2600 EAST COMMERCIAL BLVD.
SUITE 202
FT. LAUDERDALE FL 33308
US**

**2600 EAST COMMERCIAL BLVD.
SUITE 202
FT. LAUDERDALE FL 33308
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0418941 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**CECCHINI, DOMENICO
2600 E COMMERCIAL BLVD
STE 202
FORT LAUDERDALE FL 33308**

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature concurred when re-appointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** Max
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	CELLI, MAURO	NAME	
STREET ADDRESS	VIA ROMANA OVEST 212	STREET ADDRESS	
CITY-ST-ZIP	55016 PORCARO IT	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CELLI, DR. ALESSANDRO	NAME	
STREET ADDRESS	VIA ROMANA OVEST 212	STREET ADDRESS	
CITY-ST-ZIP	55016 PORCARI IT	CITY-ST-ZIP	
TITLE	PSD	TITLE	
NAME	CECCHINI, DOMENICO	NAME	
STREET ADDRESS	2600 E COMMERCIAL BLVD, #200	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CELLI, PIERO	NAME	
STREET ADDRESS	VIA ROMANA OVEST, 212	STREET ADDRESS	
CITY-ST-ZIP	PORCARI, ITALY 55016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemptions contained in Section 119, 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: **DOMENICO CECCHINI** 04.11.2006 954 771 630