

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 040 \*\*\*150.00

**DOCUMENT # P93000027647**

1. Entity Name  
**A. CELLI INTERNATIONAL, INC.**



Principal Place of Business  
**2600 EAST COMMERCIAL BLVD.  
SUITE 202  
FT. LAUDERDALE, FL 33308 US**

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

000000600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0418941**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CELLI, MAURO</b>	
STREET ADDRESS	<b>VIA ROMANA OVEST, 525</b>	
CITY-ST-ZIP	<b>55016 PORCARO, IT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CELLI, DR. ALESSANDRO</b>	
STREET ADDRESS	<b>VIA ROMANA OVEST, 252</b>	
CITY-ST-ZIP	<b>55016 PORCARI, IT</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>CECCHINI, DOMENICO</b>	
STREET ADDRESS	<b>2600 E COMMERCIAL BLVD, #200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>Via Romana Ovest, 252</b>	
CITY-ST-ZIP	<b>55016 Porcari, IT</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*[Signature]* **DOMENICO CECCHINI**

**03.14.2008 954 771 6303**

Date

Daytime Phone #