


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000013408
1. Entity Name
CELECTA COSMETIC INC.



Principal Place of Business: 4657 SW 71ST AVENUE, MIAMI, FL 33155 US
Mailing Address: 4315 NW 7TH ST, STE 51, MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)
4. FEI Number: 65-0737720 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
QUIROZ, NATCHA M
10321 SW 142 CT.
MIAMI, FL 33186

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000037197
02/05/04-80082-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS QUIROZ, NATCHA C AVE. DEL EJERCITO 941-945 LIMA, PERU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARJONA, JUAN C CASTELLO #95 - 5 TO. B MADRID 28006, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QUIROZ, NATCHA M 10321 SW 142 CT. MIAMI, FL 33186
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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)(f), 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:  **NATCHA C QUIROZ** 1/21/04 (305) 666-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT