2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P35858

1. Entity Name
CELITIER S.A., INC.

Principal Place of Business	Mailing Address
306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134	306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134

04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1980599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMAN, MAURICIO J.
306 ALCAZAR AVENUE
STE 303
CORAL GABLES, FL 33134

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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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRONFLE, EDMUNDO
STREET ADDRESS	306 ALCAZAR AVENUE, SUITE 303
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	DE KRONFLE, MARIA T.
STREET ADDRESS	306 ALCAZAR AVENUE, SUITE 303
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	KRONFLE, MARIELA
STREET ADDRESS	306 ALCAZAR AVENUE, SUITE 303
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04-80010-020 150.00

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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: _____ 4/6/04