2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~

08312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O MARIA-CRISTINA DEL-VALLE, P.A.	C/O MARIA-CRISTINA DEL-VALLE, P.A.
Suite, Apt. #, etc. 201 ALHAMBRA CIRCLE, #601	Suite, Apt. #, etc. 201 Alhambra Circle, #601
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip: 33134 Country: MIAMI-DADE	Zip: 33134 Country: MIAMI-DADE

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	7. Name and Address of New Registered Agent
~~SIMAN, MAURICIO J.~~ ~~306 ALCAZAR AVENUE~~ ~~STE 303~~ ~~CORAL GABLES, FL 33134~~	Name: MARIA-CRISTINA DEL-VALLE, P.A. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle #601 City: CORAL GABLES FL Zip Code: 33134

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] 6/31/07 effective as of 6/25/07
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $81.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~KRONFLE, EDMUNDO~~ ~~306 ALCAZAR AVENUE, SUITE 303~~ ~~CORAL GABLES, FL~~	☐ Delete	D KRONFLE, Edmundo C/O MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, #601 CORAL GABLES, FL 33134	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE KRONFLE, MARIA T. 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL	☐ Delete	D KRONFLE, Maria T. C/O MARIA-CRISTINA DEL-VALLE, P.A. 201 Alhambra Circle #601 CORAL GABLES, FL 33134	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRONFLE, MARIELA 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL	☐ Delete	PSD KRONFLE, MARIELLA C/O MARIA-CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, #601 CORAL GABLES, FL 33134	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800109056468 09/05/07--01006--009 **61.25	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: X [signature] 6/31/07 effective 6/25/07 (305) 357-1001 x271
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR — Date — Daytime Phone # or x270

MARIELLA KRONFLE