


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 594176</b>                                 |  |
| 1. Entity Name<br><b>C.E.L. EMPLOYMENT COMPANY, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6899 N.E. 4TH AVENUE<br/>MIAMI FL 33138</b> | Mailing Address<br><b>P.O. BOX 38-1016<br/>MIAMI FL 33268</b> |
|---|---|

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |



1st MOORE CR2E034 (10/04)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ROBBINS, LAWRENCE J.<br/>11231 S.W. 69TH COURT<br/>MIAMI FL 33156</b> |  |
|---|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1869381</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WINSTON, ROBERT<br>1900 MERIDIAN AVE #401<br>MIAMI FL 33139 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBBINS, MARVIN<br>231 S. COCONUT PALM BLVD<br>TAVERNIER FL <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 supplement thereto 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 my address, with all other like empowered.

SIGNATURE:  **ROBERT WINSTON** 1/20/05 305-757-2411  
Date Daytime Phone #