

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 048 ***550.00

DOCUMENT # F01000005205

1. Entity Name
CELEXPRESS, INC.



Principal Place of Business
**100 N. BISCAYNE BLVD.
12TH FLOOR
MIAMI, FL 33132**

Mailing Address
**100 N. BISCAYNE BLVD.
12TH FLOOR
MIAMI, FL 33132**

40112453



2. Principal Place of Business - No P.O. Box #
1170 KANE CONCOURSE

3. Mailing Address
1170 KANE CONCOURSE

Suite, Apt. #, etc.
SUITE 402

Suite, Apt. #, etc.
SUITE 402

07282008 Chg-P CR2E034 (12/06)

City & State
BAY HARBOR ISLANDS

City & State
BAY HARBOR ISLANDS

Zip
33154

Country
USA

Zip
33154

Country
USA

4. FEI Number
65-0669842

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 \$550.00 Due by September 12, 2008

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	DVP LEW, OLIVERIO 100 NORTH BISCAYNE BLVD 12TH FLOOR MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LEW, OLIVERIO 1170 KANE CONCOURSE SUITE 402 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BARKER, DILOWE 100 NORTH BISCAYNE BLVD 12TH FLOOR MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 KANE CONCOURSE SUITE 402 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NAQVI, SYED 100 NORTH BISCAYNE BLVD 12TH FLOOR MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 KANE CONCOURSE SUITE 402 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITZER, MIKE 100 NORTH BISCAYNE BLVD 12TH FLOOR MIAMI, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 KANE CONCOURSE SUITE 402 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOSH GILINSKI 1170 KANE CONCOURSE SUITE 402 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: OLIVERIO LEW 7/28/08 (305) 503 2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #