

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000002448

1. Entity Name  
CEC-EAST, INC.



Principal Place of Business  
295 NORTH STREET UNIT 6  
TEREBORO NJ 07608

Mailing Address  
8870 NW 24TH TERR  
MIAMI FL 33172

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

4. FEI Number  
95-4430446      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DE LA RIVA, UBALDO  
8870 NW 24 TERRACE  
MIAMI FL 33172

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

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  
Make Check Payable to Florida Department of State

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	CP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTENSBERGER, CLAUS		NAME
STREET ADDRESS	16200 S. FIGUEROA ST		STREET ADDRESS
CITY-ST-ZIP	GARDENA CA 90248		CITY-ST-ZIP
TITLE	VCS	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTENSBERGER, JESSICA		NAME
STREET ADDRESS	16200 S. FIGUEROA ST		STREET ADDRESS
CITY-ST-ZIP	GARDENA CA 90248		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #