


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000894
1. Entity Name
CELSO-TEXAS, INC.



Principal Place of Business Mailing Address
8410 N.W. 93RD STREET **8410 N.W. 93RD STREET**
MIAMI, FL 33166 **MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034(10/03)

4. FEI Number
76-0028254 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHIAVO, ALFREDO
5225 COLLINS AVE
UNIT 718
MIAMI BEACH, FL 33140

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHIAVO, ALFREDO 1600 E. CLIFF DRIVE EL PASO, TX 79902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHIAVO, PIETRO 1600 E. CLIFF DRIVE EL PASO, TX 79902
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02/02/04-80059-024 150.00

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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:  **ALFREDO SCHIAVO** 01-28-04 305-8889272

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