

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H25975

1. Entity Name
CELCOR INVESTMENTS, INC.



FILED

04 FEB 16 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2457710

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

DEUTCH, JEFFREY A.
7777 GLADES ROAD #300
BOCA RATON, FL 33434

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**

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	PD POMERANTZ, ALICE 8600 DECARIE BLVD. STE 200 MOUNT ROYAL, QC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANKLIN J. 8600 DECARIE BLVD. STE 200 MOUNT ROYAL, QC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RAPHAEL JR 8600 DECARIO BLVD #200 MT ROYAL, QC, CANADA, n7p2n2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ, TERRY 8600 DECARIO BLVD #200 MT ROYAL, QC, CANADA, n7p2n2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY 8600 DECARIO BLVD #200 MT ROYAL, QC, CANADA, n7p2n2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700028960412 02/18/04--01005--001 **5000.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL JR 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOSD POMERANTZ, TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Handwritten signature]* R. Esposito

04.01.29

514-341-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #