

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K05938

1. Entity Name
 THE CELEDINAS AGENCY, INC.



Principal Place of Business
 % RAY S. CELEDINAS
 4283 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

Mailing Address
 % RAY S. CELEDINAS
 4283 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0021294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CELEDINAS, RAY S
 4283 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

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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 _____
Signature typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000782467
 01/15/08-80076-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CELEDINAS, RAY S
STREET ADDRESS	712 HARBOUR ISLES WAY
CITY - ST - ZIP	NORTH PALM BEACH, FL 33410
TITLE	VP
NAME	CELEDINAS, KIM R
STREET ADDRESS	712 HARBOUR ISLES WAY
CITY - ST - ZIP	NORTH PALM BEACH, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 officer, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____