


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90481 027 \*\*\*\*50.00

<b>DOCUMENT # L04000046734</b> 1. Entity Name <b>CELVAZ ENTERPRISES, LLC</b>					
Principal Place of Business <b>37 RYANT BLVD SEBRING, FL 33872</b>			Mailing Address <b>37 RYANT BLVD SEBRING, FL 33872</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2743459</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CELESTINA, LESLIE W 414 13TH AVENUE SEBRING, FL 33872</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3746 CREEKSIDE DRIVE</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33875</b>	
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)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELESTINA, LESLIE 414 13TH AVE SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3746 CREEKSIDE DRIVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, MARYLIN 414 13TH AVENUE SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3746 CREEKSIDE DRIVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input 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"/> Delete	<input 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"/> Delete	<input 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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					