


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000006584</b> 1. Entity Name CEL GIA LLC	
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Principal Place of Business 265 SUNRISE HIGHWAY, SUITE #1-105 ROCKVILLE CENTRE, NY 11570	Mailing Address 265 SUNRISE HIGHWAY, SUITE #1-105 ROCKVILLE CENTRE, NY 11570
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**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1245133	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CUETO, GIASAPPH 7532 EAGLE POINT DRIVE DELRAY BEACH, FL 33446
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000648356  
03/07/07-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUETO, CELSO 265 SUNRISE HIGHWAY, SUITE #1-105 ROCKVILLE CENTRE, NY 11570
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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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/10/07 <small>Date</small>	516-837-3457 <small>Daytime Phone #</small>
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