

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M69691

1. Entity Name
CELLUCRETE CORP.



Principal Place of Business
11905 N.W. 99TH AVE
HIALEAH GARDENS, FL 33018

Mailing Address
11905 N.W. 99TH AVE
HIALEAH GARDENS, FL 33018



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0037885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE VARONA, ELENA
7296 JACARANDA LANE
MIAMI LAKES, FL 33014

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

02/01/07-80014-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE VARONA, ELENA
STREET ADDRESS	7296 JACARANDA LN.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	P
NAME	ABREU, ANTONIO
STREET ADDRESS	15411 SW 54 ST
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	T
NAME	DURAN, ALINA
STREET ADDRESS	1239 MARIPOSA AVE., #5
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	PEYDRO, FRANK
STREET ADDRESS	18262 NW 20 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	S
NAME	FERNANDEZ, JOSE
STREET ADDRESS	18561 SW 139 ST
CITY-ST-ZIP	MIRAMAR, FL 33029
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #