


FILED
Mar 09, 2004 8:00 am
Secretary of State

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02-27-2004 90030 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M84443		
1. Entity Name CELESTE INVESTMENT CORP.		

Principal Place of Business 745 SW 35TH AVE #203 MIAMI, FL 33135 US	Mailing Address 745 SW 35TH AVE #203 MIAMI, FL 33135 US
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66405089



DO NOT WRITE IN THIS SPACE

01132004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0084130	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORRIZ, DOMINGO
745 SW 35 AVE
#203
MIAMI, FL 33135

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DS GONZALEZ, ESTHER BERNAL 745 SW 35TH AVE #203 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERNAL, CELSO CASTRO 745 SW 35TH AVE #203 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERNAL, JORGE CASTRO 745 SW 35TH AVE #203 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMEJO, CELSO CASTRO 745 SW 35TH AVE #203 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Celso Castro* **03/04/04** **305-445-5509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #