


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000024501**

1. Entity Name  
**CELL DEPOT, INC.**



Principal Place of Business  
**P.O. BOX 836748  
 MIAMI, FL 33283**

Mailing Address  
**13032 SW 5TH ST  
 MIAMI, FL 33184-1216**



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0990959**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NIETO, NEISY  
 11867 SW 93RD TERRACE  
 MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

I, the above named entity submit 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 remaining)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

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	PD NIETO, NEISY 11867 SW 93RD TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY ST ZIP	VD NIETO, SERGIO 11867 SW 93RD TERRACE MIAMI, FL 33186
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U00000130883  
 04/26/04-80136-002 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lists empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR