2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2005 08:00 AM DOCUMENT # P00000030848 Secretary of State 1. Entity Name CELESTE MOTORS, INC. Principal Place of Business Mailing Address 2550 WINDSOR AVENUE WEST PALM BEACH FL 33407 2550 WINDSOR AVENUE WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0994907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CELESTIN, JEROME Street Address (P.O. Box Number is Not Acceptable) 2550 WINDSOR AVENUE WEST PALM BEACH FL 33407 City Zip Code 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITLE Change ☐ Addition CELESTIN, JEROME NAME NAME 1/00/108278435 STREET ADDRESS 2550 WINDSOR AVENUE STREET ADDRESS 03/28/05-80026-005 150.00 CITY-ST-ZIP WEST PALM BEACH FL 33407 CHTY-ST-ZIP TITLE Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET AGORESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Dist Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MILE Dis Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes | 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 THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-05-86/8057233

FILED