

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90087 028 ***150.00

DOCUMENT # P01000041531

1. Entity Name

CELLO, INC.



Principal Place of Business

C/O REUTTER INVESTMENTS
1050 OCEAN TERRACE
DELRAY BEACH FL 33483

Mailing Address

C/O REUTTER INVESTMENTS
1050 OCEAN TERRACE
DELRAY BEACH FL 33483

Reutter
1031 Bauhinia Road
Delray Beach, FL 33483
14000673



2. Principal Place of Business

Reutter Investments

Suite, Apt. #, etc.
1031 Bauhinia Road

Delray Beach, FL 33483

3. Mailing Address

Reutter Investments

Suite, Apt. #, etc.
1031 Bauhinia Road

City
Delray Beach, FL 33483

MOORE CR2E034 (11/03)

4. FEI Number
52-2357580

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW 2ND AVENUE, SUITE 101
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
D
ANGEHRN, FIORENZO DR.
GOTTSTATTSTRASSE 24
2504 BIEL, SWITZERLAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNYDER, ANDREA ANGEHRN
GOTTSTATTSTRASSE 24
2504 BIEL, SWITZERLAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - ☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: **X ANGEHRN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03/16/04
Date

0114132 3444040
Daytime Phone #