

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P01000041531 1. Entity Name CELLO, INC.					
Principal Place of Business REUTTER INVESTMENTS 1031 BAUHINIA RD. DELRAY BEACH FL 33483			Mailing Address REUTTER INVESTMENTS 1031 BAUHINIA RD. DELRAY BEACH FL 33483		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-2357580	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				U00000862060 04/03/08-80032-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D ANGEHRN, FIORENZO DR. GOTTSTATTSTRASSE 24 2504 BIEL, SWITZERLAND		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SCHNYDER, ANDREA ANGEHRN GOTTSTATTSTRASSE 24 2504 BIEL, SWITZERLAND		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Miguel ANGEHRN</u> <u>03/11/2008</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing					