

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104024

Entity Name: CELLINI SAWGRASS INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1180 EAST HALLANDALE BLVD.
SUITE C
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1180 EAST HALLANDALE BLVD.
SUITE C
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-1149225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRITZER, MICHAEL
9655 S. DIXIE HWY.
THIRD FL
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SPRITZER, MICHAEL
2525 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SASSON, CARLOS ALBERTO
Address: 1180 E HALLANDALE BLVD. C
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: SASSON, MONICA
Address: 1180 EAST HALLANDALE, SUITE C
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PEISACH, ALBERTO
Address: 1180 E. HALLANDALE BEACH BLVD., STE C
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PEISACH, JAIME
Address: 1180 E. HALLANDALE BEACH BLVD., STE C
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO SASSON

MR

05/01/2006

Electronic Signature of Signing Officer or Director

Date