


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 007 ***550.00

DOCUMENT # P01000104028					
1. Entity Name CELLINI MANAGEMENT CORP					
Principal Place of Business 1180 EAST HALLANDALE BLVD., C HALLANDALE, FL 33009			Mailing Address 1180 EAST HALLANDALE BLVD., C HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11401 Pines Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 436			
City & State		City & State Pembroke Pines			
Zip	Country	Zip	Country	07202007 Chg-P CR2E034 (12/06)	
33026		FL		4. FEI Number 65-1149217	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPRITZER, MICHAEL 2525 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES, FL 33134			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 signature required when installing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P SASSON, CARLOS ALBERTO 1180 E HALLANDALE BLVD C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SASSON, MONICA 1180 EAST HALLANDALE BLVD., C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEISACH, ALBERTO 1180 E. HALLANDALE BEACH BLVD., STE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEISACH, JAIME 1180 E. HALLANDALE BEACH BLVD., STE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, name, or other information covered.					
SIGNATURE: _____			7/31/07 907-885-9618		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duly Paid Phone #					