


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90013 009 \*\*\*150.00

<b>DOCUMENT # P02000086043</b> 1. Entity Name CELL PACIFIC, INC.					
Principal Place of Business 9104C SW 19TH PLACE FORT LAUDERDALE, FL 33324			Mailing Address 9104C SW 19TH PLACE FORT LAUDERDALE, FL 33324		
2. Principal Place of Business 6019 Kimberly Blvd Suite, Apt. #, etc.		3. Mailing Address 5513 COURT YARD DR Suite, Apt. #, etc.			
City & State NORTH LAUDERDALE, FL Zip 33068 Country U.S.A.		City & State MARGATE, FL Zip 33063 Country U.S.A.		4. FEI Number 82-0557677 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CASTELLANOS, FRANCISCO 9104 C SW 19TH PLACE FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name: JANET MARRUGO Street Address (P.O. Box Number is Not Acceptable) 5513 COURT YARD DR City: MARGATE FL Zip Code: 33063		
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: Janet Marrugo DATE: 02/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTELLANOS, FRANCISCO 9104C SW 19TH PLACE FORT LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President JANET MARRUGO 5513 COURT YARD MARGATE, FL, 33063	<input type="checkbox"/> Change <input checked="" 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
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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 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: Janet Marrugo			2/13/04 (904) 968-3036		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		