

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90253 023 ***150.00

DOCUMENT # P03000023057

1. Entity Name
CELICA INVESTMENTS, INC.



Principal Place of Business
3690 CHASE AVE
MIAMI BEACH, FL 33140

Mailing Address
3690 CHASE AVE
MIAMI BEACH, FL 33140

94075625



2. Principal Place of Business
7800 W Oakland Park Blvd.

3. Mailing Address
7800 W Oakland Park Blvd.

Suite, Apt. #, etc.
G-121

Suite, Apt. #, etc.
G-121

04222004

Chg-P

CR2E034 (10/03)

City & State
Sunrise, Florida

City & State
Sunrise, Florida

4. FEI Number

57-1152442

Applied For

Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATTES, JEAN CLAUDE
3690 CHASE AVE.
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
(SAME)

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

7800 W Oakland Park Blvd

Suite G-121

City
Sunrise

FL

Zip Code
33351

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.

JEAN-CLAUDE LATTES

4/22/04
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing-
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P.D LATTES, JEAN CLAUDE ☐ Delete
STREET ADDRESS
3690 CHASE AVE.
CITY-ST-ZIP
MIAMI BEACH, FL 33140

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7800 W Oakland Park Blvd., #G-121
Sunrise, Florida 33351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-CLAUDE LATTES 4/22/04

Date

7862470109

Daytime Phone