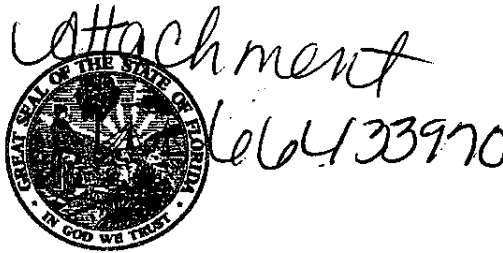


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

05-06-2004 90173 024 ***150.00

| | | | | | |
|--|---|---------|---|---|--|
| DOCUMENT # P03000080119 | | | | | |
| 1. Entity Name V&N CELESTIAL ENTERTAINMENT, INC. | | | | | |
| Principal Place of Business 905 BRICKELL BAY DRIVE TOWER 2 SUITE 227 MIAMI, FL 33131 US | | | Mailing Address 905 BRICKELL BAY DRIVE TOWER 2 SUITE 227 MIAMI, FL 33131 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | | |
| 6. Name and Address of Current Registered Agent VAZQUEZ, VICTOR M 905 BRICKELL BAY DRIVE TOWER 2 SUITE 227 MIAMI, FL 33131 | | | | 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 reappointing) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 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 | PD VAZQUEZ, VICTOR M 905 BRICKELL BAY DRIVE TOWER 2 SUITE 227 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FERNANDEZ NOTARIO, NATALIA 905 BRICKELL BAY DRIVE TOWER 2 SUITE 227 MIAMI, FL 33131 | | 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 | |
| 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 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: _____ | | | 030207 | | |
| Signature and typed or printed name of signing officer or director | | | Date | | |
| | | | Daytime Phone # | | |



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 19, 2004

V&N CELESTIAL ENTERTAINMENT, INC.
905 BRICKELL BAY DRIVE TOWER 2
SUITE 227
MIAMI, FL 33131 US

Subject: V&N CELESTIAL ENTERTAINMENT, INC.

Reference Number: **P03000080119**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION