


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90021 003 \*\*\*150.00

<b>DOCUMENT # P04000017118</b> 1. Entity Name <b>CELESTIAL UPHOLSTERY, INC.</b>					
Principal Place of Business <b>2400 NW 16 STREET RD STE 305 MIAMI, FL 33125</b>			Mailing Address <b>2400 NW 16 STREET RD STE 305 MIAMI, FL 33125</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<div style="display: flex; justify-content: space-between;"> <span>04112005    Chg-P    CR2E034 (10/03)</span> </div>					
4. FEI Number <b>20-0658526</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RUIZ, YAMILLE 2400 NW 16 STREET RD STE 305 MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Yamille Ruiz</i></u> DATE: <u><b>05-25-05</b></u> <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 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUIZ, EDGAR E</b> <b>2400 NW 16 STREET RD STE 305</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RUIZ, YAMILLE</b> <b>2400 NW 16 STREET RD STE 305</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUIZ, EDGAR M</b> <b>2400 NW 16 STREET RD STE 305</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUIZ, LUCIA</b> <b>2400 NW 16 STREET RD STE 305</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Yamille Ruiz</i></u> DATE: <u><b>05-25-05</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		