

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90040 034 ***150.00

DOCUMENT # P04000061973

1. Entity Name

CELLAMERICAS ENTERPRISES INC.



Principal Place of Business

800 NE 195TH ST SUITE 313
MIAMI FL 33179

Mailing Address

800 NE 195TH ST SUITE 313
MIAMI FL 33179

00016073



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

81-0647592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGES, LAURENCE F

3530 MYSTIC POINTE DR. #3285 #1910
AVENTURA FL 33180

Name

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

AGT #1910

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

Laurence F. Mages

(NOTE: Registered Agent signature required when re-registering)

DATE

4/5/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOULD, DAVID
STREET ADDRESS 800 NE 195TH ST SUITE 313
CITY- ST- ZIP MIAMI FL 33179 ☐ Delete

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

TITLE STD
NAME MAGES, LAURENCE F
STREET ADDRESS 800 NE 195TH ST SUITE 313
CITY- ST- ZIP MIAMI FL 33179 ☐ Delete

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

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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

DAVID GOULD, PRES.

4/5/05

305-651-9978

Date

Daytime Phone