2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000142635

1. Entity Name
CULLELL ENTERPRISE, INC.

Principal Place of Business	Mailing Address
3214 NW 54TH STREET	3214 NW 54TH STREET
MIAMI, FL 33142	MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
16-1708998	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CULLELL, JORGE L
372 AZURE WAY
MIAMI SPRINGS, FL 33166

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IN THIS SPACE

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000874490 04/10/08-90120-016 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	CULLELL, JORGE L
STREET ADDRESS	372 AZURE WAY
CITY-ST-ZIP	MIAMI SPRING, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Jorge L. Cullell_ JORGE L. CULLELL   3-26-08   305 633-0509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #