

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 006 ***550.00

DOCUMENT # P05000028732 1. Entity Name CELLINI BROWARD, INC.					
Principal Place of Business 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009			Mailing Address 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 11401 Pines Boulevard Suite, Apt. #, etc. 436			
City & State Zip		City & State Pembroke Pines Zip 33026		Country FL	
4. FEI Number 30-0302335				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BSSS 2525 PONCE DE LEON BLVD 5TH FLOOR CORAL GABLES, FL 33134			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 _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P/T SASSON, ALBERTO C ☐ Delete 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEISACH, MONICA ☐ Delete 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEISACH, JAIME ☐ Delete 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEISACH, ALBERTO ☐ Delete 1180 EAST HALLANDALE BOULEVARD SUITE C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate. 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 appointed or elected as such, 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 another registered agent.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-31-07 954-885-9618 Date Daytime Phone #		