



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000080579</b> 1. Entity Name CELTA INC.							
Principal Place of Business 325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131		Mailing Address 325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131					
<b>DO NOT WRITE IN THIS SPACE</b>		  04252007    No Chg-P    CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 20-3115999</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>		4. FEI Number 20-3115999	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
4. FEI Number 20-3115999	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required							
6. Name and Address of Current Registered Agent  GARCIA, WAGNER 325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reissuing)      DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
		000000749901 05/18/07-80040-022 150.00					
<b>10. OFFICERS AND DIRECTORS</b>							
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>					
NAME	GARCIA, WAGNER						
STREET ADDRESS	325 S BISCAYNE BLVD APT 1021						
CITY-ST- ZIP	MIAMI, FL 33131						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST- ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST- ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST- ZIP							
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: <u>Wagner Garcia</u>		04/25/07	305 3586339				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #				