



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90123 008 \*\*\*150.00

<b>DOCUMENT # P05000080579</b> 1. Entity Name <b>CELTA INC.</b>																																	
Principal Place of Business <b>325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131</b>			Mailing Address <b>325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131</b>																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<b>40052000</b>    04072008 Chg-P CR2E034 (12/06)  4. FEI Number <b>20-3115999</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent  <b>GARCIA, WAGNER 325 S BISCAYNE BLVD APT 1021 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>ROSANE LOTZ MARINI DE FREITAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 S BISCAYNE BLVD,</b> <b>APT # 1021</b> City <b>MIAMI</b> FL Zip Code <b>33131</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 <i>Rosane Lotz</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>																															
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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: *Rosane Lotz*** 04/30/08 305 3586339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #