


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-28-2007 90023 005 \*\*\*550.00

<b>DOCUMENT # P05000083155</b>					
<b>1. Entity Name</b> CELLINI DADELAND, INC.					
<b>Principal Place of Business</b> 1180 E HALLANDALE BEACH BLVD STE C HALLANDALE, FL 33009			<b>Mailing Address</b> 1180 E HALLANDALE BEACH BLVD STE C HALLANDALE, FL 33009		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 11401 Pines Blvd			
Suite, Apt. #, etc		Suite, Apt. #, etc 436			
City & State		City & State Palm Breeze Pines			
Zip	Country	Zip	Country	07202007    Chg-P    CR2E034 (12/06)	
33026	FL	33026	FL	<b>4. FEI Number</b> 20-2968978	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SASSON, ALBERTO 1180 E HALLANDALE BEACH BLVD SUITE C STE C HALLANDALE, FL 33009			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)    DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D/P</b> <input type="checkbox"/> Delete SASSON, ALBERTO 1180 E HALLANDALE BEACH BLVD SUITE C. HALLANDALE, FL 33009		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete SASSON, MONICA 1180 E HALLANDALE BEACH BLVD SUITE C. HALLANDALE, FL 33009		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete PEISACH, ALBERTO 1180 E HALLANDALE BEACH BLVD SUITE C. HALLANDALE, FL 33009		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete PEISACH, JAIME 1180 E HALLANDALE BEACH BLVD SUITE C. HALLANDALE, FL 33009		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 information.</b>					
<b>SIGNATURE:</b> _____			7/31/07    90-885-9615		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		