2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104340

Entity Name: CELIA'S ON THE BAY, INC.,

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

801 BRICKELL BAY DRIVE 801 BRICKELL BAY DRIVE

SUITE 470 SUITE 470 MIAMI, FLORIDA, 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

801 BRICKELL BAY DRIVE SUITE 470 SUITE 470 SUITE 470 MIAMI, FLORIDA, 33131 US MIAMI, FL 33131 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARROSO PINO, JUAN ABEL 801 BRICKELL BAY SUITE 470 MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/D (X) Change () Addition
Name: BARROSO PINO, JUAN ABEL
Address: 801 BRICKELL BAY DRIVE, SUITE 470 Address: 801 BRICKELL BAY DRIVE, SUITE 470

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

Title: () Delete Title: VP/D () Change (X) Addition

Name: Name: LOPEZ, ALFREDO

Address: Address: 801 BRICKELL BAY DRIVE, SUITE 470

City-St-Zip: City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: ST/D () Change (X) Addition

Name: PEREZ, ROBERTO

Address: Address: 801 BRICKELL BAY DRIVE, SUITE 470

City-St-Zip: City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A BARROSO PINO P/D 04/27/2006