



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 013 ***158.75

DOCUMENT # P06000070145			
1. Entity Name CELIA INVESTMENT CORPORATION			
Principal Place of Business 782 NW LE JEUNE RD STE 439 MIAMI, FL 33126		Mailing Address 782 NW LE JEUNE RD STE 439 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 8111 NW 68 Street		3. Mailing Address 8111 NW 68 Street	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 51-0602061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRUZ, ALEJANDRINA G 782 NW LE JEUNE RD STE 439 MIAMI, FL 33126		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-stating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D SANTORO, JOSE L 782 NW LE JEUNE RD STE 439 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Santoro, Jose L. 782 NW Le Jeune Road, Suite # 439 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SANTORO, MARIA CRISTINA M 782 NW LE JEUNE RD STE 439 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Santoro, Maria Cristina M. 782 NW Le Jeune Road, Suite # 439 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gil, Ricardo 782 NW Le Jeune Road, Suite # 439 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Benarruch-Cabrera, Edgar Jose 782 NW Le Jeune Road, Suite # 439 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Romero-Sierra, Francisco 782 NW Le Jeune Road, Suite # 439 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Vice-President		Date: 04-04-2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	