## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000114960

City-St-Zip:

MIAMI, FL 33196

FILED Jan 03, 2008 Secretary of State

Entity Na	me: CELL-SE	LL, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
15982 S.V MIAMI, FL	V. 143RD LANE 33196	<b>=</b>	12534 SW 120 STREE MIAMI, FL 33186	Т	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
15982 S.V MIAMI, FL	V. 143RD LANE 33196	≣	12534 SW 120 STREE MIAMI, FL 33186	Т	
FEI Number	: 26-1318848	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MIGLIORELLI, MARIO U 15982 S.W. 143RD LANE MIAMI, FL 33196 US			12534 SW 120 STREE	MIGLIORELLI, MARIO U 12534 SW 120 STREET MIAMI, FL 33186 US	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/03/2008	
	Electror	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SP ( ) MIGLIORELLI, 15982 S.W. 14 MIAMI, FL 331	3RD LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () MIGLIORELLI, 15982 S.W. 14 MIAMI, FL 331	3RD LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DTS () MIGLIORELLI, 15982 S.W. 14		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MILENA MIGLIORELLI SPARAGA DV 01/03/2008