2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P08000044352

Entity Name: CELEX SOLUTIONS, INC.

Current Principal Place of Business:

15650 BULL RUN RD #501-J
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

1351 NW 154 AVE
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

15650 BULL RUN RD #501-J
MIAMI LAKES, FL 33014 US

New Mailing Address:

1351 NW 154 AVE
PEMBROKE PINES, FL 33028 US

FEI Number: 26-2541927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PENA, OSVALDO
15650 BULL RUN RD #501-J
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PENA, OSVALDO
1351 NW 154 AVE
PEMBROKE PINES, FL 33028 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: OSVALDO PENA 05/05/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PENA, OSVALDO
Address: 15650 BULL RUN RD# 501-J
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S ( ) Delete
Name: GUZMAN, ALEIDA
Address: 15650 BULL RUN RD# 501-J
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: D (X) Delete
Name: VASAGIRI, KAMAL
Address: 7265 SW 89TH ST APT # 411
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PENA, OSVALDO
Address: 1351 NW 154 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ST (X) Change ( ) Addition
Name: GUZMAN, ALEIDA
Address: 1351 NW 154 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: OSVALDO PENA PD 05/05/2009
Electronic Signature of Signing Officer or Director Date