

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062887

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CELEBRATION MORTUARY TRANSPORT SERVICES INC.

## Current Principal Place of Business:

2843 FILLMORE STREET  
209  
HOLLYWOOD, FL, 33020

## New Principal Place of Business:

820 N. W. 43 ST.  
MIAMI, FL 33127

## Current Mailing Address:

P.O. BOX 470582  
MIAMI, FL, 33147

## New Mailing Address:

P.O. BOX 470582  
MIAMI, FL 33147

FEI Number: 71-1049548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLUCAS, KEITH  
2843 FILLMORE STREET  
209  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

FLUCAS, KEITH  
820 N. W. 43 ST.  
MIAMI, FL 33127 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: KEITH FLUCAS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STARKS, CRAIG L  
Address: 10309 N.W. 10TH AVE  
City-St-Zip: MIAMI, FL 33150 US

Title: VP ( ) Delete  
Name: FLUCAS, KEITH J  
Address: 2843 FILLMORE ST..  
City-St-Zip: HOLLYWOOD, FL 33020 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: FLUCAS, KEITH J  
Address: 820 N.W. 43 ST.  
City-St-Zip: MIAMI, FL 33127 US

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: KEITH FLUCAS

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date