


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P35858 1. Entity Name CELITIER S.A., INC.	
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Principal Place of Business 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134	Mailing Address 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1980599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMAN, MAURICIO J. 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRONFLE, EDMUNDO 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE KRONFLE, MARIA T. 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRONFLE, MARIELA 306 ALCAZAR AVENUE, SUITE 303 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000107312
04/09/04-80010-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

4/6/04