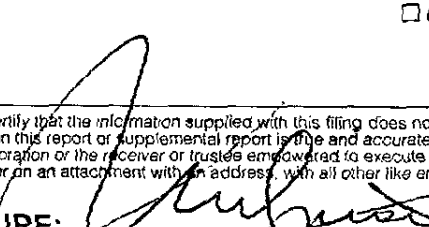


FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P35858			
1. Entity Name CELITIER S.A., INC.			
Principal Place of Business 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134		Mailing Address 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SIMAN, MAURICIO J. 306 ALCAZAR AVENUE STE 303 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
4. FEI Number 59-1980599		Applied For ☐ Not Applicable	
03152006		Chg-P CR2E034 (11/05)	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP	
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: 		Date 3/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	