





**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 JUN 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35858 1. Entity Name CELITIER S.A., INC.				08312007 Chg-P CR2E034 (12/06)	
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 - No P.O. Box # 50 MARIA CRISTINA DEL-VALLE P.A. Suite, Apt. #, etc. 201 ALHAMBRA CIRCLE, #601		3. Mailing Address 50 MARIA CRISTINA DEL-VALLE P.A. Suite, Apt. #, etc. 201 Alhambra Circle, #601			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number 59-1980599	
Zip 33134		Country MIAMI-DADE		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		7. Name and Address of New Registered Agent Name MARIA CRISTINA DEL-VALLE, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle #601 City CORAL GABLES FL Zip Code 33134			
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:  03/31/07 effective as of 6/25/07 _____ (NOTE: Registered Agent signature required when remaining) DATE					
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME KRONELE, EDMUNDO	STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303	CITY-ST-ZIP CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE D NAME KRONFLE, Edmundo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303	CITY-ST-ZIP CORAL GABLES, FL	STREET ADDRESS 50 MARIA CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, #601 CORAL GABLES, FL 33134	CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE D NAME KRONFLE, Maria T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE KRONFLE, MARIA T.	STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303	CITY-ST-ZIP CORAL GABLES, FL	<input type="checkbox"/> Delete	STREET ADDRESS 50 MARIA CRISTINA DEL-VALLE, P.A. 201 Alhambra Circle #601 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KRONFLE, MARIELA	STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303	CITY-ST-ZIP CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE PSD NAME KRONFLE, MARIELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303	CITY-ST-ZIP CORAL GABLES, FL	STREET ADDRESS 50 MARIA CRISTINA DEL-VALLE, P.A. 201 ALHAMBRA CIRCLE, #601 CORAL GABLES, FL 33134	CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800109056468 09/05/07--01006--009 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		03/31/07 effective 6/25/07 (305) 357-1001 x271 _____ (NOTE: Registered Agent signature required when remaining) DATE (305) 357-1001 x271 or x270			