

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 037 ***150.00

DOCUMENT # P95000031193

1. Entity Name
CELLYNNE U.S.A., INC.



Principal Place of Business
**600 PACKERLAND DRIVE
GREEN BAY, WI 54303**

Mailing Address
**1006 MARLEY DRIVE
HAINES CITY, FL 33844**

24081914



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3314092** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLEGRE, MARC
1006 MARLEY DRIVE
HAINES CITY, FL 33844**

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MINGUEZ, PATRICE
STREET ADDRESS	1006 MARLEY DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DVP
NAME	ALLEGRE, MARK
STREET ADDRESS	1006 MARLEY DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/04

Attachment
240819/4
795000031193
Cellynne of USA, Inc

1006 Marley Drive, Haines City, FL 33844 Tel: 863-547-1100

Department of state
Division of Corporation

To Whom It May Concern:

I would like to mention that I didn't receive the 1st notice for the 2004 for profit corporation annual report for our corporation. I only received a notice end of July with a due date of 9/8/04.

Please accept our check of \$150.00 in payment of the 2004 fee.

Best regards


Philippe Auge

Controller

FEI 59-3314092