

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085106 (9)**

1. Corporation Name  
**CELEGREENO, INC.**

Principal Place of Business

**5990 NE 18TH AVE  
FT LAUDERDALE FL 33334**

Mailing Address

**5990 NE 18TH AVE  
FT LAUDERDALE FL 33334-6210**



2. Principal Place of Business

21 **2811 N Oakland Forest dr**

Suite, Apt. #, etc

22 **# 102**

City & State

23 **Oakland PK FL**

Zip

24 **33309**

Country

25 **USA**

2a. Mailing Address

26 **2811 N Oakland Forest dr**

Suite, Apt. #, etc

27 **# 102**

City & State

28 **Oakland PK FL**

Zip

29 **33309**

Country

30 **USA**

3. Date Incorporated or Qualified

**11/02/1995**

3a. Date of Last Report

**07/23/1996**

4. FEI Number

**APPLIED FOR 65-0625959**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**PINGANI, DANIELE  
5990 NE 18TH AVE  
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PINGANI, DANIELE A**  
STREET ADDRESS **5990 NE 18TH AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-29-97**

**783-1128**

0200040

CR2E034 (9/96)