

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-27-2004 90009 038 ***150.00

DOCUMENT # P96000018333

1. Entity Name
CELLYNNE OF NEVADA, INC.



Principal Place of Business
**140 CASSIDA WAY
SUITE 300
HENDERSON, NV 89015**

Mailing Address
**1005 MARLEY DRIVE
HAINES CITY, FL 33844**

43001010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3977548

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINGUEZ, PATRICE
1006 MARLEY DRIVE
HAINES CITY, FL 33844**

Name

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

City

FL

Zip Code

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 \$50.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MINGUEZ, PATRICE**
STREET ADDRESS **780 CENTRAL FLORIDA PKWY**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete
NAME **MARSOLLE, JEAN-CLAUDE**
STREET ADDRESS **140 CASSIA WAY, SUITE 300**
CITY-ST-ZIP **HENDERSON, NV 89015**

TITLE **D** ☐ Delete
NAME **MARK, ALLEGRE**
STREET ADDRESS **780 CENTRAL FLORIDA PKWY**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04
Date

Date

Daytime Phone #

Attachment
24081913
#P96000018333

Cellynne of Nevada, 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: 59-3977548