



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90031 041 \*\*\*150.00

<b>DOCUMENT # P97000013408</b> 1. Entity Name <b>CELECTA COSMETIC INC.</b>					
Principal Place of Business <b>4657 SW 71ST AVENUE</b> <b>MIAMI, FL 33155 US</b>			Mailing Address <b>4315 NW 7TH ST</b> <b>STE 51</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4657 SW 71ST AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI FLORIDA</b>			
Zip	Country	Zip <b>33186</b>	Country	4. FEI Number <b>65-0737720</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUIROZ, NATCHA M</b> <b>10321 SW 142 CT.</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS QUIROZ, NATCHA C 10321 SW 142 CT MIAMI, FL 33186		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:  NATCHA QUIROZ - PRESIDENT 7/14/08 305-660-4442</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40111710



07152008 Chg-P CR2E034 (12/06)

ATTACHMENT

CELECTA COSMETIC INC

40111710

July 14, 2008

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Ref: ~~Annual Report/2008~~  
Doc#P97000013408


Gentlemen:

Please, I would like that you accept my Annual Report 2008 and payment now; the reason is that we did not received the information about this form because we change the mailing address

Excuse me for being late on that payment and I appreciated that you take in consideration my petition.

I apologize for the inconvenient; you have any question let me know.

Sincerely

  
NATCHA C QUIROZ, Pres  
305-666-4442