
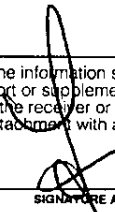


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90020 041 ***150.00

DOCUMENT # P97000048949 1. Entity Name CELIE SERVICES, INC.					
Principal Place of Business 8790 SW 213 TR MIAMI, FL 33189			Mailing Address 8790 SW 213 TR MIAMI, FL 33189		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0763605	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CELIE, JULIA 8350 SW 186 ST MIAMI, FL 33157			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</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>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D CELIE, JULIA I 8350 SW 186 STREET MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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	
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Julia Celie		
Date			Daytime Phone #		



05082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0763605

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

7. Name and Address of New Registered Agent

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)

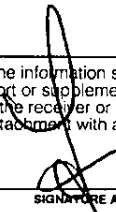
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Julia Celie

Date: **4/26/07** Daytime Phone #: **305-2500138**

**ATTACHMENT**
Division of Corporations

Annual Report

40116060

Annual Report Help

Document Number

P97000048949

Business Entity Name

CELIE SERVICES, INC.

FEI Number

650763605

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

8790 SW 213 TR

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33189

Mailing Address

Address

8790 SW 213 TR

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33189

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

CELIE

, JULIA

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

8350 SW 186 ST

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33157

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) CELIE JULIA I

- OR -

Entity Name to serve as
Officer/Director

Street Address 8350 SW 186 STREET
City, State MIAMI FL
Zip Code & Country 33157

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State