

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90108 038 \*\*\*150.00

U23/004  
AV

**DOCUMENT # P98000054416**

1. Entity Name  
37 CELSIUS, INC.



Principal Place of Business  
420 LINCOLN ROAD  
372  
MIAMI BEACH FL 33134  
US

Mailing Address  
420 LINCOLN ROAD  
372  
MIAMI BEACH FL 33134  
US



2. Principal Place of Business  
4014 Chase Avenue  
Suite, Apt. #, etc.  
217

3. Mailing Address  
4014 Chase Avenue  
Suite, Apt. #, etc.  
217

CHECK HERE IF MAKING CHANGES

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number 65-0850487

Applied For  
Not Applicable

Zip 33140 Country USA

Zip 33140 Country USA

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

DUFFAU, NATHALIE C  
420 LINCOLN ROAD, SUITE 372  
MIAMI BEACH FL 33139

Name Duffau, Nathalie C  
Street Address (P.O. Box Number is Not Acceptable)  
4014 Chase Avenue, Suite 217  
City Miami Beach FL Zip Code 33140

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 *Nathalie Duffau*  
Signature, typed or printed name of registered agent and not applicable

*Nathalie Duffau*  
(NOTE: Registered Agent signature required when reinstating)

*03/18/2003*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

TITLE PS  Delete  
NAME DUFFAU, NATHALIE C  
STREET ADDRESS 420 LINCOLN ROAD, SUITE 372  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PS  Change  Addition  
NAME Duffau, Nathalie  
STREET ADDRESS 4014 Chase Avenue, Suite 217  
CITY-ST-ZIP Miami Beach, FL 33140

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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: *Nathalie Duffau* **SIGNATURE REQUIRED** *Nathalie Duffau*

*3/18/03*  
Date

*305-992-1012*  
Daytime Phone #

CR2E034 (10/02)