



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90261 022 ***150.00

DOCUMENT # P99000092331					
1. Entity Name CELLULITE EXPERT, INC.					
Principal Place of Business 3700 GALT OCEAN DR. APT. 1710 FORT LAUDERDALE, FL 33308			Mailing Address 265 S FEDERAL HWY. #164 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box # 3050 NE 48th CT		3. Mailing Address			
Suite, Apt. #, etc. # 406		Suite, Apt. #, etc.		04192007 Chg-P CR2E034 (12/06)	
City & State LIGHTHOUSE POINT		City & State		4. FEI Number 65-0955294	
Zip 33064		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOLL, JEFFREY R C/O JEFFREY R. STOLL, P.A. 2300 E LAS OLAS BLVD FOURTH FLOOR FT LAUDERDALE, FL 33301-1578				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD DIAS, DALILA <input type="checkbox"/> Delete 3050 NE 48TH CT., #406 LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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: <i>Dallas Dias</i>			4/19/07 (954) 418-2180		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		