

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092331

Entity Name: CELLULITE EXPERT, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3050 NE 48TH CT  
406  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

265 S FEDERAL HWY.  
#164  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

3050 NE 48TH CT  
406  
LIGHTHOUSE POINT, FL 33064

FEI Number: 65-0955294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 333011578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DIAS, DALILA  
Address: 3050 NE 48TH CT., #406  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALILA DIAS

PD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date