

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000021514

**Entity Name:** CELESTIAL MEDIATION SERVICES, INC.

**Current Principal Place of Business:**

175 SW 7TH STREET  
SUITE 1602  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
SUITE 1602  
MIAMI, FL 33130 US

**FEI Number:** 46-5026534

**Certificate of Status Desired:** No

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

DAVILA LAW FIRM, P.A.  
175 SW 7TH STREET  
SUITE 1602  
MIAMI, FL 33130 US

*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

**Officer/Director Detail :**

Title            P  
Name            THOMPSON, CONWARD S  
Address        358 NE 19 AVENUE  
City-State-Zip: HOMESTEAD FL 33033

Title            VP  
Name            THOMPSON II, CONWARD S  
Address        358 NE 19 AVENUE  
City-State-Zip: HOMESTEAD FL 33033

*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:** CONWARD S THOMPSON

**PRESIDENT**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date