


**NOT**  
**2025-FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90179 048 \*\*\*\*70.00  
 04-11-2005 90171 047 \*\*\*\*80.00

50035504

**DOCUMENT # 207465**  
 1. Entity Name  
**40 SALAMANCA CORPORATION**



<b>Principal Place of Business</b> 402 MINORCA CORAL GABLES, FL 33134 US	<b>Mailing Address</b> PO BOX 44-0915 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

<b>A. FEI Number</b> 59-1636337	<b>Applied For</b> Not Applicable
<b>E. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**d. Name and Address of Current Registered Agent**  
 NUNEZ, LUZMARY  
 402 MINORCA  
 CORAL GABLES, FL 33134

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**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]* **LUZMARY NUNEZ** **2/14/05**  
Signature appears in blue name of registered agent only if applicable NOTE: Registered Agent signature required when reelecting DATE

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> JESSELLI, PATRICIA
<b>STREET ADDRESS</b> 40 SALAMANCA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134
<b>TITLE</b> VPT	<b>NAME</b> OWEN, RICHARD K
<b>STREET ADDRESS</b> 40 SALAMANCA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134
<b>TITLE</b> TD	<b>NAME</b> Marilen Lorenzo
<b>STREET ADDRESS</b> 40 Salamanca Ave. # 6 C.G.	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **Patricia Jessell.** **2/14/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*[Handwritten Signature]* **4/08/05**  
**Patricia Jessell**