

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 207465

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: 40 SALAMANCA CORPORATION

**Current Principal Place of Business:**

6200 W. FLAGLER ST.  
401  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 440915  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 59-1636337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NUNEZ, LUZMARY  
6200 W. FLAGLER ST. #401  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JESSELLI, PATRICIA  
Address: 40 SALAMANCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT ( ) Delete  
Name: OWEN, RICHARD K  
Address: 40 SALAMANCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: LORENZO, MARILEN  
Address: 40 SALAMANCA AVE #6  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA JESSELLI

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date