

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 207465

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC0941234160**

**Entity Name:** 40 SALAMANCA CORPORATION

**Current Principal Place of Business:**

6200 W. FLAGLER ST.  
410  
MIAMI, FL 33144

**Current Mailing Address:**

PO BOX 440915  
MIAMI, FL 33144

**FEI Number:** 59-1636337

**Certificate of Status Desired:** Yes

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

NUNEZ, LUZMARY  
6200 W. FLAGLER ST.#410  
MIAMI, FL 33144 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 PD  
Name JESSELLI, PATRICIA  
Address 40 SALAMANCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VPT  
Name OWEN, RICHARD K  
Address 40 SALAMANCA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name GOMEZ, GRACE  
Address 40 SALAMANCA AVE #7  
City-State-Zip: CORAL GABLES FL 33134

*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:** JESSELLI , PATRICIA

**PRESIDENT**

**01/08/2014**

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

\_\_\_\_\_  
Date