2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000500

Entity Name: SALT LAKE LIMITED INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE

STE. 0-305 STE. 0-301 MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE

STE. 0-305 STE. 0-301 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 20-1029088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TRANSGLOBAL CORP. ADMINISTRATION LLC
520 BRICKELL KEY DRIVE

CORPORATE MAINTENANCE SERVICES LLC
520 BRICKELL KEY DRIVE

STE. 0-305 STE. 0-301 MIAMI, FL 33131 US MIAMI, FL 33131 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: MARCO E. ROJAS 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS () Delete Title: () Change () Addition

 Name:
 ESPINOZA-BRANIFF, MANUEL
 Name:

 Address:
 520 BRICKELL KEY DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

Title: AS (X) Delete Title: () Change () Addition

 Name:
 ROJAS, MARCO E
 Name:

 Address:
 520 BRICKELL KEY DR. STE O-305
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 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: MANUEL ESPINOZA-BRANIFF CPS 05/01/2008