


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91020 037 \*\*\*150.00

<b>DOCUMENT # F28788</b> 1. Entity Name <b>SALEMO INVESTMENTS CORP.</b>			
Principal Place of Business 20801 BISCAYNE BLVD 505 AVENTURA, FL 33180 US		Mailing Address C/O E KAPLAN PA 20801 BISCAYNE BLVD 505 AVENTURA, FL 33180 US	
2. Principal Place of Business <b>23123 STATE RD 7</b> Suite, Apt. #, etc. <b>230</b> City & State <b>BOCA RATON FL</b> Zip <b>33428</b> Country <b>FLORIDA</b>		3. Mailing Address Sui <b>403</b> Elliot Kaplan, CPA, PA 20801 Biscayne Boulevard Suite 403 Aventura, FL 33180 City <b>DADE</b> Zip <b>33180</b> Country <b>DADE</b>	
4. FEI Number <b>59-2087249</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCRAE, MITCHELL T</b> <b>6274 LINTON BLVD #100</b> <b>DELRAY BEACH, FL 33484</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WENDMAN, ELSA</b> <b>23123 STATE RD 7</b> <b>BOCA RATON, FL 33428</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>WENDMAN, MORTON</b> <b>23123 STATE RD 7</b> <b>BOCA RATON, FL 33428</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.			
SIGNATURE: <u><i>M. Wendman</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-25-04</u> Date Daytime Phone #	

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