


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F28788**  
1. Entity Name  
**SALEMO INVESTMENTS CORP.**



Principal Place of Business  
**23123 STATE RD 7  
230  
BOCA RATON, FL 33428 US**

Mailing Address  
**C/O ELLIOT KAPLAN, CPA, PA  
20801 BISCAYNE BLVD 403  
AVENTURA, FL 33180 US**



04012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2087249** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCRAE, MITCHELL T  
6274 LINTON BLVD #100  
DELRAY BEACH, FL 33484**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when renouncing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WENDMAN, ELSA 23123 STATE RD 7 BOCA RATON, FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT WENDMAN, MORTON 23123 STATE RD 7 BOCA RATON, FL 33428</b>
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IN THIS SPACE**

04/17/06 0012-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Morton Wendman Date: 4/1/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR