

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61699

FILED
Mar 20, 2008
Secretary of State

Entity Name: SAL DIFEDE, INC.

Current Principal Place of Business:

7777 SW 86TH STREET,
215
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7777 SW 86TH STREET
215
MIAMI, FL 33143 US

New Mailing Address:

7777 SW 86TH STREET,
215
MIAMI, FL 33143 US

FEI Number: 59-2331147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFEDE, SALVATORE
7777 SW 86TH STREET
215
MIAMI, FL 33143 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: DP () Delete
Name: DIFEDE, SALVATORE E.,
Address: 7777 SW 86TH STREET 215
City-St-Zip: MIAMI, FL 33143 US

Title: DV () Delete
Name: DIFEDE, JOHN W.,
Address: 8101 SW 92ND CT
City-St-Zip: MIAMI, FL 33173 US

Title: DT () Delete
Name: VELAZQUEZ, DARCY L.
Address: 16600 SW 114TH ST
City-St-Zip: MIAMI, FL 33187

Title: DS () Delete
Name: DELPINO, MARY K.
Address: 9912 SW 114TH CT
City-St-Zip: MIAMI, FL 33176 U

Title: D () Delete
Name: ECHOLS, REGINA A
Address: 2537 N.E. 41ST AVE.
City-St-Zip: HOMESTEAD, FL 33033 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:

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: SAL DI FEDE

DP

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date