

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# G61699

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:**

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: SALVATORE E. DI FEDE

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date