


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G75558 1. Entity Name VAL-SAL INVESTMENT COMPANY, INC.					
Principal Place of Business 901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407-1953 US			Mailing Address 901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407-1953 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURPHY, MR. LAWRENCE E., ESQ. 11211 PROSPERITY FARMS RD STE B 201 PALM BEACH GARDENS FL 33410				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, RAFAEL			NAME	
STREET ADDRESS	901 NORTHPOINT PARKWAY			STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL			CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALADRIGAS, RAFAEL			NAME	
STREET ADDRESS	901 NORTHPOINT PARKWAY			STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL			CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ENRICO			NAME	
STREET ADDRESS	901 NORTHPOINT PARKWAY			STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL			CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-2-04 Daytime Phone # _____	



MOORE CR2E034 (11/03)

4. FEI Number **59-2400054** Applied For ☐ Not Applicable ☐

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

UD00000076682
03/05/04-80012-015 150.00