


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # G92084 1. Entity Name SALED, INC.	
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Principal Place of Business 755 NW 72ND AVE SUITE 26 MIAMI, FL 33126	Mailing Address 755 NW 72ND AVE SUITE 26 MIAMI, FL 33126
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02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2414023	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DOMINGUEZ, ALEX  
755 NW 72ND AVE  
SUITE 26  
MIAMI, FL 33126

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	P SUAREZ, SAMUEL 755 NW 72ND AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMINGUEZ, ALEX 755 NW 72ND AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLIS, SARA 755 NW 72ND AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLIS, EDUARDO 755 NW 72ND AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000061308  
02/23/04-80073-024 150.00

**DO NOT WRITE IN THIS SPACE**

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 live empowered.

SIGNATURE: Samuel Suarez PRESIDENT 2/1/04 (305) 261-72-69

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #