

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # K32962

1. Entity Name
VIOLETA B. SALUD & ASSOCIATES, INC.



Principal Place of Business

**ONE WEST CENTRAL AVE
STE 103
LAKE WALES, FL 33853 US**

Mailing Address

**ONE WEST CENTRAL AVE
STE 103
LAKE WALES, FL 33853 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. Fil Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALUD, VIOLETA B.
1 W CENTRAL AVE
SUITE 103
LAKE WALES, FL 33853**

**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

Signature, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALUD, VIOLETA B.
STREET ADDRESS	251 E. STUART AVE., #104
CITY-STATE-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000280090
03/30/05-80005-025 150.00

**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)(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: Violeta B. Salud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-05
Date

863-676-1515
Telephone Number