

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L02003 1. Entity Name SALTA, INC.	
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Principal Place of Business 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 US	Mailing Address 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10101 COLLINS Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11F
City & State	City & State BAL Harbour Fla
Zip	Country
33154	U.S

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0156462	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TACHER, PERLA 10101 COLLINS AVENUE #11F BAL HARBOR FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u><i>Perla Tacher</i></u> DATE <u><i>1/30/2008</i></u> (Signature, typed or printed name of registered agent and fee. If applicable. NOTE: Registered Agent Signature required when certifying.)
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FILE NOW!!!- FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TACHER, PERLA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000809520 02/08/08-80026-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TACHER, SARA 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACHER, DAVID 10101 COLLINS AVENUE, #11F BAL HARBOR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>Perla Tacher</i></u> <u><i>1/30/2008</i></u> <u><i>305) 710 6812</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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