

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L05000040780

Entity Name: SALOM & SALOM, LLC

Current Principal Place of Business:

140 NW 87TH AVENUE, UNIT G-205
MIAMI, FL 33172

New Principal Place of Business:

901 PLOVER AVENUE
MIAMI SPRINGS, FL 33166 US

Current Mailing Address:

140 NW 87TH AVENUE, UNIT G-205
MIAMI, FL 33172

New Mailing Address:

901 PLOVER AVENUE
MIAMI SPRINGS, FL 33166 US

FEI Number: 51-0547447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS-BALBIN, LOUIS M ESQ.
ONE S.E. THIRD AVENUE, SUITE 1700
MIAMI, FL 33131 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SALOM, JAKOB
Address: 140 NW 87TH AVENUE, UNIT G-205
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: SALOM, IVY
Address: 140 NW 87TH AVENUE, UNIT G-205
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALOM, JAKOB
Address: 901 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: MGRM (X) Change () Addition
Name: SALOM, IVY
Address: 901 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAKOB SALOM

MGRM

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date