

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # L10490

1. Entity Name  
SALINA ACCOUNTING & TAX SERVICE, P.A.



**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

Principal Place of Business  
% JOSEPH SALINA  
1695 FLORIDA MANGO RD STE #2  
WEST PALM BEACH, FL 33406

Mailing Address  
% JOSEPH SALINA  
1695 FLORIDA MANGO RD STE #2  
WEST PALM BEACH, FL 33406



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0142192

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SALINA, JOSEPH  
1695 FLORIDA MANGO ROAD  
SUITE 2  
WEST PALM BEACH, FL 33406

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

U000000777243  
01/09/08-80056-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SALINA, JOSEPH  
404 TEQUESTA DR  
TEQUESTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 (SG) 433-3103  
Date Daytime Phone #