

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L36201 1. Entity Name SALAZAR-PINEDA INVESTMENT CORPORATION	
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Principal Place of Business 15015 LAUREL COVE CIR. ODESSA, FL 33556	Mailing Address 15015 LAUREL COVE CIR. ODESSA, FL 33556
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALAZAR, ANDRES 15015 LAUREL COVE CIR. ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, DARIO 15015 LAUREL COVE CIR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINEDA DE SALAZAR, BEATRIZ 15015 LAUREL COVE CIR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAZAR, JUAN CAMILO 15015 LAUREL COVE CIR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAZAR, FEDERICO 15015 LAUREL COVE CIR. ODESSAOAST, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/04-80037-014 150.00

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 like empowered.

SIGNATURE: Juan Camilo Salazar Date: 02/02/2004 Daytime Phone #: 813-9205467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR