

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36201

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: SALAZAR-PINEDA INVESTMENT CORPORATION

**Current Principal Place of Business:**

15015 LAUREL COVE CIR.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

15015 LAUREL COVE CIR.  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-2981343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAZAR, ANDRES  
15015 LAUREL COVE CIR.  
ODESSA, FL 33556      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALAZAR, DARIO  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete  
Name: PINEDA DE SALAZAR, BEATRIZ  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete  
Name: SALAZAR, JUAN CAMILO  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete  
Name: SALAZAR, FEDERICO  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSAOAST, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALAZAR JUAN CAMILO

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01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date