

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36201

FILED  
Jan 05, 2010  
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 (X)

**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  
Name: SALAZAR, DARIO  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSA, FL 33556

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

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

Title: T  
Name: SALAZAR, FEDERICO  
Address: 15015 LAUREL COVE CIR.  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: JUAN CAMILO SALAZAR

S

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date