

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L70025<br>1. Entity Name<br>SAL'S ABATEMENT CORPORATION |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>301 NW 36TH STREET<br>MIAMI, FL 33127-1146 US | Mailing Address<br>301 NW 36TH STREET<br>MIAMI, FL 33127-1146 US |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



01062004 No Chg-P CR2E034 (10/03)

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|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 4. FEI Number<br>65-0193276      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>DELLUTRI, SALVATORE<br>301 NW 36TH STREET<br>MIAMI, FL 33127 |
|---------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DELLUTRI, SALVATORE<br>225 NE 175 ST<br>N MIAMI BEACH, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DELLUTRI, MARIA ELENA<br>225 NE 175 ST<br>N MIAMI BEACH, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>DELLUTRI, MARIA ELENA CFO<br>225 NE 175 ST<br>N MIAMI BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |

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01/13/04-80057-008 158.75

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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: Maria Elena Dellutri, Director 1-8-04 (305) 576-8866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #