

APPROVED
AND
FILED

05 AUG 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecket AUG 15 2005

**Mailing Address**

% SALIBA SALAMEH
2708 N. MAIN ST.
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



07192005 0000001 000000000000

4. FEI Number
59-3028405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 ☐ ~~PERMANENT~~
☐ ~~PERMANENT~~

6. Name and Address of Current Registered Agent

SALAMEL, SALIBA
2708 N. MAIN ST.
JACKSONVILLE, FL 32206

**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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 a copy per
subscription**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALAMEH, SALIBA
STREET ADDRESS	3763 CATHEDRAL OAKS PL S
CITY - ST - ZIP	JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST. ZIP

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CITY - ST - ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7/28/05 90002 039
\$150.00

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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: X Salvo Sakameh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/21/04 (904) 353-8181
Date Daytime Phone

SALIBA SALAMETH