
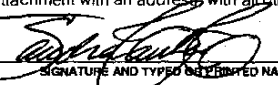


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90693 024 \*\*\*150.00

<b>DOCUMENT # P00000001349</b> 1. Entity Name <b>SALEMA CORPORATION</b>					
Principal Place of Business <b>1845 N. CORPORATE LAKES BLVD. WESTON, FL 33326</b>			Mailing Address <b>1845 N. CORPORATE LAKES BLVD. WESTON, FL 33326</b>		
2. Principal Place of Business <b>3610 PARK CT.</b>		3. Mailing Address <b>3610 PARK CT.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WESTON, FL.</b>		City & State <b>WESTON, FL.</b>		4. FEI Number <b>65-0971207</b>	
Zip <b>33332</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIOS, LEOPOLDS G 1800 W 49TH STREET STE 301 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b>	NAME <b>TAUBER, SANDRA TALAMO</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>1845 N. CORPORATE LAKES BLVD.</b>	CITY-ST-ZIP <b>WESTON, FL 33326</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 			<b>Sandra Tauber</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04-30-04</b> (954) 5989800		