2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000039040

FILED Oct 06, 2004 Secretary of State

Entity Na	me: SALJENI	ΓO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3680 S.W. 64TH AVENUE DAVIE, FL 33314				4379 W. WHITEWATER AVE WESTON, FL 33332	
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
3953 S.W. 139TH AVENUE DAVIE, FL 33330				4379 W. WHITEWATER AVE WESTON, FL 33332	
FEI Number	: 20-0267753	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TANGORA, C. DAVID ESQ. 200 S.W. 18TH COURT FT. LAUDERDALE, FL 33316 US			ANTONIO, CHAVEZ 4379 W. WHITEWAT WESTON, FL 33332		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ANTONIO CHAVEZ				10/06/2004	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CHAVEZ, ANTO 3953 S.W. 139 DAVIE, FL 333	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WILKIE, VIRGI 3953 S.W. 139 DAVIE, FL 333	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CHAVEZ, JENN 3953 S.W. 139 DAIIE, FL 333	TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ()) Delete AH	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTONIO CHAVEZ Ρ 10/06/2004

3953 S.W. 139TH AVENUE

DAVIE, FL 33330

Address:

City-St-Zip: