2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Secretary of State DOCUMENT # P01000018820 03-26-2004 90033 028 ***150 00 SALAMON INVESTMENTS, INC. 94037023 Principal Place of Business Mailing Address PO BOX 266166 PO BOX 266166 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 65-1081630 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT BRIZEL Street Address (P.O. Box Number is Not Acceptable) 1021 IVES DAIRY RD, SUITE 220 MIAMI, FL 33179 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE SALAMON, JOSEPH 2751 S OCEAN DR PHYN SALAMON, JOSEPH NAME NAME 2751 S OCEAN DR. PMYN STREET ADDRESS STREET ADDRESS 33019 HOLLYWOOD, FL 33019 CITY-ST-ZIP HOLLYWOOD CITY-ST-ZIP VPD ☐ Change TITLE Defete TITLE ☐ Addition SALAMON, AARON NAME NAME 2751 S OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY_CT-7IP SALAMON DIANE ☐ Change Addition ĦΠΕ ☐ Delete TITLE 17530 SW 68 CT SALAMON, DIANE NAME NAME STREET ADDRESS 17530 SW 68 CT. STREET ADDRESS RANCHES-FU33331-CITY-ST-ZIP -SW RANCHES-FL 33331-CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE STLAMON ROBERT SALAMON, ROBERT NAME NAME 17530 SW 68 CT STREET ADDRESS 17530 SW 68 CT. STREET ADDRESS FT LAMOURDALL FL 33331 SW RANCHES, FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 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.

SALAMON

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

Mar 26, 2004 8:00 am