

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041433

**FILED**  
**Jan 31, 2004**  
**Secretary of State**

**Entity Name:** SALATTI ENTERPRISES, INC.

**Current Principal Place of Business:**

2841 NW 106 STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

9890 HAMMOCKS BLVD.  
SUITE 102  
MIAMI, FL 33196

**Current Mailing Address:**

2841 NW 106 STREET  
MIAMI, FL 33147

**New Mailing Address:**

9890 HAMMOCKS BLVD.  
SUITE 102  
MIAMI, FL 33196

**FEI Number:** 65-1095134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, ALAIN  
2841 NW 106 STREET  
MIAMI, FL 33147

**Name and Address of New Registered Agent:**

PEREZ, ALAIN  
9890 HAMMOCKS BLVD.  
SUITE 102  
MIAMI, FL 33196

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.

SIGNATURE: \_\_\_\_\_

01/31/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: PEREZ, ALAIN  
Address: 9143 SW 77 AVENUE, B305  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PEREZ, ALAIN  
Address: 9890 HAMMOCKS BLVD., SUITE 102  
City-St-Zip: MIAMI, FL 33196

Title: P ( ) Change (X) Addition  
Name: PEREZ, HEATHER A  
Address: 9890 HAMMOCKS BLVD., SUITE 102  
City-St-Zip: MIAMI, FL 33196

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.

SIGNATURE: ALAIN PEREZ

D

01/31/2004

Electronic Signature of Signing Officer or Director

Date