

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000049856

1. Entity Name
SALIKO INTERNATIONAL, INC.



[Handwritten signature]

FILED

05 MAY 12 PM 3:11

SECRET
TALLAHASSEE, FLORIDA



05032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1128185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCHOA, ALBA J
8130 NW 58TH STREET
SUITE 204
DORAL, FL 33166

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SALINAS, DENNIS E
STREET ADDRESS 8130 NW 58TH ST #204
CITY-ST-ZIP DORAL, FL 33166

TITLE P/D ☐ Change ☒ Addition
NAME JAMES H. QUIJANO
STREET ADDRESS 8130 NW 58TH ST #204
CITY-ST-ZIP DORAL, FL 33166

TITLE VSD ☒ Delete
NAME ZAYAS, MONICA E
STREET ADDRESS 8130 NW 58TH ST #204
CITY-ST-ZIP DORAL, FL 33166

TITLE S/D ☐ Change ☒ Addition
NAME E. SALINAS
STREET ADDRESS 8130 NW 58TH ST #204
CITY-ST-ZIP DORAL, FL 33166

TITLE TD ☐ Delete
NAME OCHOA, ALBA J
STREET ADDRESS 8130 NW 58TH ST #204
CITY-ST-ZIP DORAL, FL 33166

TITLE ☐ Change ☐ Addition
NAME 600055206426
STREET ADDRESS 05/24/05--01071--013
CITY-ST-ZIP **\$61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 another like empowered.

SIGNATURE: *[Handwritten signature]* ALBA J OCHOA

05/01/05 305-592-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #