

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000049856

1. Entity Name
SALIKO INTERNATIONAL, INC.



Principal Place of Business

8130 NW 58TH STREET
SUITE 204
DORAL, FL 33166 US

Mailing Address

8130 NW 58TH STREET
SUITE 204
DORAL, FL 33166 US



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000405798
02/07/06-80054-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | QUIJANO, JAMES H |
| STREET ADDRESS | 8130 NW 58TH ST #204 |
| CITY-ST-ZIP | DORAL, FL 33166 |
| TITLE | SD |
| NAME | SALINAS, E. |
| STREET ADDRESS | 8130 NW 58TH ST #204 |
| CITY-ST-ZIP | DORAL, FL 33166 |
| TITLE | TD |
| NAME | OCHOA, ALBA J |
| STREET ADDRESS | 8130 NW 58TH ST #204 |
| CITY-ST-ZIP | DORAL, FL 33166 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

E. Salinas E. SALINAS 01/24/06