


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90104 009 ***150.00

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
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60002515



2. Principal Place of Business - No P.O. Box # 2121 PONCE DE LEON BLVD	3. Mailing Address 2121 PONCE DE LEON BLVD
Suite, Apt. #, etc. SUITE 910	Suite, Apt. #, etc. SUITE 910
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country USA

01122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1128185	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name OCHOA, ALBA J Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD SUITE 910 City CORAL GABLES FL Zip Code 33134
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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  **ALBA J OCHOA** **01/12/07**
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, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD QUIJANO, JAMES H 8130 NW 58TH ST #204 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIJANO, JAMES H 2121 PONCE DE LEON BLVD #910 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALINAS, E. 8130 NW 58TH ST #204 DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALINAS, E. 2121 PONCE DE LEON BLVD #910 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ALBA J OCHOA** **01/12/07** **305-446-3505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #