

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049856

Entity Name: SALIKO INTERNATIONAL, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 910
DORAL, FL 33166 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 910
MIAMI, FL 33134 US

FEI Number: 65-1128185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCHOA, ALBA J
2121 PONCE DE LEON BLVD
SUITE 910
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 910
CORAL GABLES, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 910
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUIJANO, JAMES H
Address: 2121 PONCE DE LEON BLVD #910
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD () Delete
Name: SALINAS, E.
Address: 2121 PONCE DE LEON BLVD # 910
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TD () Delete
Name: OCHOA, ALBA J
Address: 2121 PONCE DE LEON BLVD #910
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: E. SALINAS

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date