


**2004 FOR PROFIT CORPORATION
- ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000055934 1. Entity Name PETER MICHAEL SALAMONE, INC.	
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Principal Place of Business 10620 NW 21ST COURT SUNRISE, FL 33322	Mailing Address 10620 NW 21ST COURT SUNRISE, FL 33322
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1154787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOLLRA, ERNEST A 1995 EAST OAKLAND PARK BLVD STE 300 FT LAUDERDALE, FL 33306	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSVT SALAMONE, PETER M 10620 NW 21ST COURT SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALAMONE, EVELYN M 10620 NW 21ST COURT SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/08/04-80026-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **Peter M. Salamone** **444 984 701-5522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #