2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000077280 1. Entity Name

WORLD SALSA FEDERATION, INC.

FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business

8080 SW 81ST DRIVE MIAMI, FL 33143

Mailing Address

8080 SW 81ST DRIVE

MIAMI, FL 33143



DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1131603

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, ISAAC 8080 SW 81ST DRIVE MIAMI, FL 33143

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	named entity submits this statement for the plums of registered agent.	ourpose of changing its registered office	or registered agent, or both	ı, in the State of Florida. I am famillar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered egent and title	if applicable. (NOTE: Registered Agent sign	nature redulted when refristating)	DATE	-
				- ONIE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Slection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
ITLE	D			- · · - ·	
VANE	ALTMAN, ISAAC]	•		- 1
STREET ADDRESS	8080 SW 81ST DRIVE				
CITY-ST-ZIP	MIAMI, FL 33143	•		10000406430	

ALTMAN, LAURA NAME STREET ADDRESS 8080 SW 81ST DRIVE CITY-ST-ZIP MIAMI, FL 33143 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

02/07/06-80086-020 150.00

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ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fid accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in precional transfer of the frequency of the properties required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other library of the properties of the proper 12. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true at of the corporation or the receier of trustee empower with an address, with changed, or on an attachmen

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR