2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/20/2005-90028-032 $150.00 $150.00

FILED
05 FEB 22 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007162

1. Entity Name
SALUD TOTAL , INC.

Principal Place of Business	Mailing Address
807 S.W. 25 AVE SUITE 302 MIAMI, FL 33135	807 S.W. 25 AVE SUITE 302 MIAMI, FL 33135

2. Principal Place of Business		3. Mailing Address	
807 SW 25 AVE		807 SW 25 AVE	
Suite, Apt. #, etc.: SUITE 301		Suite, Apt. #, etc.: SUITE 301	
City & State: miAmi, FL		City & State: miAmi, FL	
Zip: 33135	Country: USA	Zip: 33135	Country: USA

01132005 Chg-P CR2E034 (10/03) MRD

4. FEI Number 20-2208015 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMOS, AIDA 807 S.W. 25 AVE SUITE 302 MIAMI, FL 33135	Name: ZANILDA BOONE Street Address (P.O. Box Number is Not Acceptable): 807 S.W. 25 AVENUE SUITE 301 City: MIAMI FL Zip Code: 33135

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: Zanilda Boone DATE 1/13/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P RAMOS, AIDA 807 S.W. 25 AVE. SUITE 302 MIAMI, FL 33135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ZANILDA BOONE 807 S.W. 25 AVE SUITE 301 MIAMI, FL 33135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANGOLO, LELYS MAGALYS 807 S.W. 25 AVE. SUITE 302 MIAMI, FL 33135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Zanilda Boone 1/13/05