2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P02000120220

1. Entity Name SALTO HOLDINGS CORP.

Principal Place of Business 1300 BRICKELL AVENUE

MIAMI FL 33131

Mailing Address

1300 BRICKELL AVENUE

MIAMI FL 33131

FILED May 05, 2003 8:00 am g Secretary of State

05-05-2003 90263 039 ***150.00

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Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Second S	City & State City & State						
SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI FL 33131 City FL Zip Code 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. Lam familiar with, and accept the colligations of registered agent. SIGNATURE Sprature, hond or missel one of registered agent. NOTE: Registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent. NOTE: Registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent. NOTE: Registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent. NOTE: Registered Agent of State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent. NOTE: Registered Agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the colligations of Florida				T			
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12. I hereby certify that the information supplied with this filling 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 secute 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 a address, with all other like empowered. changed, or on an attachment with

SIGNATURE: