


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90014 011 ***150.00

DOCUMENT # P03000030681

1. Entity Name
SALTY DOG, INC.



Principal Place of Business
1175 NE 125TH ST, STE 102
NORTH MIAMI BEACH, FL 33161

Mailing Address
1175 NE 125TH ST, STE 102
NORTH MIAMI BEACH, FL 33161

2. Principal Place of Business
1175 NE 125th Street
 Suite, Apt. #, etc.
Suite 102

3. Mailing Address
1175 NE 125th Street
 Suite, Apt. #, etc.
Suite 102

City & State
North Miami, FL 33161

City & State
North Miami, FL 33161

Zip Country
 Zip Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number
75-3106327

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOMERSTEIN, BARRY E
200 E BROWARD BLVD, 15TH FLOOR
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 Name
J. Kenneth Tate
 Street Address (P.O. Box Number is Not Acceptable)
1175 NE 125th Street
Suite 102
 City
North Miami **FL** Zip Code
33161

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:  **2/7/04**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tate, J. Kenneth		NAME		
STREET ADDRESS	1175 NE 125th Street, Suite 102		STREET ADDRESS		
CITY-ST-ZIP	North Miami, FL 33161		CITY-ST-ZIP		
TITLE	VSTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tate, James D.		NAME		
STREET ADDRESS	1175 NE 125th St., Suite 102		STREET ADDRESS		
CITY-ST-ZIP	North Miami, FL 33161		CITY-ST-ZIP		
TITLE	ASD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Somerstein, Barry E.		NAME		
STREET ADDRESS	200 E. Broward Blvd., 15th Fl		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL 33301		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **2/7/04** **305-891-1107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #