2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 26, 2007 08:00 A **DOCUMENT # P03000081285 Secretary of State** SALANI ENGINEERS & GENERAL CONTRACTORS CORP Mailing Address Principal Place of Business 14219 SW 125 AVE 14219 SW 125 AVE MIAMI, FL 33186 MIAMI, FL 33186 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1180091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTIZ, NANCY DO NOT WRITE 7751 SW 26 ST MIAMI, FL 33155 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retrestalling) UUUUUUU6U4501 9. Election Campaign Financing \$5.00 May Be 01/29/07-90056-018 150.00 FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SALANI, RICCARDO NAME 14219 SW 125 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 trusted 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:

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

ED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

(BOS) 235-025

FILED