

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000117875

Entity Name: SALMEX ENTERPRISES, INC.

FILED
Nov 09, 2004
Secretary of State

Current Principal Place of Business:

335 N DEVIL GARDEN RD
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

335 N DEVIL GARDEN RD
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 06-1712450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDRANO, MARLON V
335 N DEVIL GARDEN RD
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MEDRANO, MARLON V
Address: PO BOX 1830
City-St-Zip: PALM CITY, FL 34991

Title: DS () Delete
Name: MEDRANO, MARLON A
Address: 2781 SE GARFIELD AVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLON MEDRANO

P

11/09/2004

Electronic Signature of Signing Officer or Director

Date