



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000015191 1. Entity Name SALMONFA, INC.																																										
Principal Place of Business 8315 NW 51ST MANOR CORAL SPRINGS, FL 33067		Mailing Address 8315 NW 51ST MANOR CORAL SPRINGS, FL 33067																																								
DO NOT WRITE IN THIS SPACE																																										
																																										
		01182006 No Chg-P CR2E034 (11/05)																																								
		4. FEI Number 06-1717730																																								
		Applied For <input type="checkbox"/> Not Applicable																																								
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent ALTITI, SAID M 8315 NW 51ST MANOR CORAL SPRINGS, FL 33067		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 85%;">D</td></tr><tr><td>NAME</td><td>ALTITI, SAID</td></tr><tr><td>STREET ADDRESS</td><td>8315 NW 51ST MANOR</td></tr><tr><td>CITY-ST-ZIP</td><td>CORAL SPRINGS, FL 33067</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	ALTITI, SAID	STREET ADDRESS	8315 NW 51ST MANOR	CITY-ST-ZIP	CORAL SPRINGS, FL 33067	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right; margin-bottom: 20px;">U00000408491 02/08/06-80064-001 150.00</div> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Said M. Altiti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-25-06 954-3405102 <small>Date Daytime Phone #</small>																																								