2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# P04000044225

Entity Name: SALMA INTERNATIONAL INC.

Current Principal Place of Business:

1000 S.W. 191AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1000 S.W. 191AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-0846419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISMAIL, MOHAMMAD R
1000 S.W. 191 AVENUE
PEMBROKE PINES, FL 33029 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ISMAIL, HAROON
Address: 1110 SW 191 TER
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete
Name: ISMAIL, MOHAMMED R
Address: 1000 S.W. 191 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: SHAKEEL, MOHAMMAD
Address: 8900 W FLAGER ST UNIT #1
City-St-Zip: MIAMI, FL 33174

Title: O ( ) Delete
Name: ADAM, MUNAF
Address: 1110 S.W. 191 TER
City-St-Zip: PEMBROKE PINES, FL 33029

Title: O ( ) Delete
Name: CHAMDIA, SALEEM
Address: 1110 SW 191 TER
City-St-Zip: PEMBROKEPINE, FL 33029 FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: ARIAN, NASIRA A
Address: 6223 NW 170 TER
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MOHAMMED R ISMAIL VP 08/06/2009

Electronic Signature of Signing Officer or Director — Date