

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
May 09, 2005 8:00 am
Secretary of State

04-11-2005 90163 027 ***150.00

DOCUMENT # P04J00108917

1. Entity Name
JOEL IVES SALAMONE, INC.



Principal Place of Business
**10620 NW 21ST CT.
 SUNRISE, FL 33322**

Mailing Address
**10620 NW 21ST CT.
 SUNRISE, FL 33322**

66016296



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01082005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1723523 Applied For
 Not Applicable

Zip Country

Country

Zip Country

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAMONE, JOEL I
 10620 NW 21ST CT.
 SUNRISE, FL 33322**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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 Delete
 NAME **PVT**
 STREET ADDRESS **SALAMONE, JOEL I**
 CITY-ST-ZIP **10621 NW 21ST CT.
 SUNRISE, FL 33322**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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 _____ Date **04/06/05**