
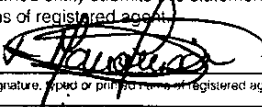



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90056 014 ***150.00

DOCUMENT # P04000117291			
1. Entity Name SALEM LAND INVESTMENTS, INC.			
Principal Place of Business 1835 N.E. MIAMI GARDENS DR #110 MIAMI, FL 33179 US		Mailing Address 1835 N.E. MIAMI GARDENS DR #110 MIAMI, FL 33179 US	
2. Principal Place of Business - No P.O. Box # 5035 PALM AVE		3. Mailing Address 5035 PALM AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33012	Country US	Zip 33012	Country US
6. Name and Address of Current Registered Agent BENMERGU, ISAAC 13899 BISCAYNE BOULEVARD 141 NORTH MIAMI BEACH, FL 33181		7. Name and Address of New Registered Agent Name SILVA, DI GERONIMO, ADOLFO Street Address (P.O. Box Number is Not Acceptable) 1835 NE MIAMI GARDENS DR #110 City MIAMI FL Zip Code 33179	
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 		DATE 01/22/07	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, DI GERONIMO, ADOLFO 3925 194TH LANE MIAMI, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, DI GERONIMO, ADOLFO 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA L 3925 194TH LANE MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA LUISA 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SILVA, MARIANELLA 3925 194TH LANE MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SILVA, MARIANELLA 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA WISA 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA NELLY 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 01/22/07 (305) 989-1111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	