


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 029 ***150.00

DOCUMENT # P04000117291		
1. Entity Name SALEM LAND INVESTMENTS, INC.		

Principal Place of Business 5035 PALM AVE HIALEAH, FL 33012 US	Mailing Address 5035 PALM AVE HIALEAH, FL 33012 US
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40055145



2. Principal Place of Business - No P.O. Box # 6447 MIAMI LAKES DR E Suite, Apt. #, etc. 203-J	3. Mailing Address 6447 MIAMI LAKES DR E Suite, Apt. #, etc. 203-J
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03272008 Chg-P CR2E034 (12/06)

City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014 Country US	Zip 33014 Country US

4. FEI Number 83-0425846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SILVA, DI GERONIMO, ADOLFO 1835 NE MIAMI GARDENS DR #110 NORTH MIAMI BEACH, FL 33181	
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7. Name and Address of New Registered Agent Name SILVA, DI GERONIMO ADOLFO Street Address (P.O. Box Number is Not Acceptable) 6447 MIAMI LAKES DR E STE 203-J City MIAMI LAKES FL Zip Code 33014	
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, DI GERONIMO, ADOLFO 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA L 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SILVA, MARIANELLA 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVA, MARIA N 1835 NE MIAMI GARDENS DR #110 MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  03/27/08 (305) 989-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #