

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117291

Entity Name: SALEM LAND INVESTMENTS, INC.

FILED  
Jun 30, 2009  
Secretary of State

## Current Principal Place of Business:

6447 MIAMI LAKES DR. E  
203-J  
HIALEAH, FL 33014 US

## New Principal Place of Business:

## Current Mailing Address:

6447 MIAMI LAKES DR. E  
203-J  
HIALEAH, FL 33014 US

## New Mailing Address:

FEI Number: 83-0425846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, DI GERONIMO A  
6447 MIAMI LAKES DR. E  
STE. 203-J  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

SILVA, ADOLFO  
6447 MIAMI LAKES DR. E  
STE. 203-J  
MIAMI LAKES, FL 33014 US

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: ADOLFO SILVA

06/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVA, DI GERONIMO, ADOLFO  
Address: 1835 NE MIAMI GARDENS DR #110  
City-St-Zip: MIAMI, FL 33179 US

Title: VP ( ) Delete  
Name: SILVA, MARIA L  
Address: 1835 NE MIAMI GARDENS DR #110  
City-St-Zip: MIAMI, FL 33179 US

Title: SEC ( ) Delete  
Name: SILVA, MARIANELLA  
Address: 1835 NE MIAMI GARDENS DR #110  
City-St-Zip: MIAMI, FL 33179 US

Title: VP ( ) Delete  
Name: SILVA, MARIA N  
Address: 1835 NE MIAMI GARDENS DR #110  
City-St-Zip: MIAMI, FL 33179

## 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:

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: ADOLFO SILVA

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date