

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117365

Entity Name: SALCAMP, INC.

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

5086 ADDIE CT
BOYNTON BCH, FL 33437

New Principal Place of Business:

5086 ADDIE CT
BOYNTON BCH, FL 33472

Current Mailing Address:

5086 ADDIE CT
BOYNTON BCH, FL 33437

New Mailing Address:

5086 ADDIE CT
BOYNTON BCH, FL 33472

FEI Number: 20-1491878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCEDO, ALVARO
5086 ADDIE CT
BOYNTON BCH, FL 33437 US

Name and Address of New Registered Agent:

SALCEDO, ALVARO
5086 ADDIE CT
BOYNTON BCH, FL 33472 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:

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALCEDO, FRANCY
Address: 5086 ADDIE CT
City-St-Zip: BOYNTON BCH, FL 33437

Title: D () Delete
Name: SALCEDO, ALVARO
Address: 5086 ADDIE CT
City-St-Zip: BOYNTON BCH, FL 33437

Title: T () Delete
Name: SEGURA, OSCAR A
Address: 9498 SOUTH MILITRAY TRAIL #8
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: SALCEDO, DAVID
Address: 5086 ADDIE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALCEDO, FRANCY
Address: 5086 ADDIE CT
City-St-Zip: BOYNTON BCH, FL 33472

Title: D (X) Change () Addition
Name: SALCEDO, ALVARO
Address: 5086 ADDIE CT
City-St-Zip: BOYNTON BCH, FL 33472

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

Title: S (X) Change () Addition
Name: SALCEDO, DAVID
Address: 5086 ADDIE COURT
City-St-Zip: BOYNTON BEACH, FL 33472

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: ALVARO SALCEDO

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date