

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 046 ***150.00

DOCUMENT # P04000144917

1. Entity Name
SALDIVAR COMMUNICATIONS, INC.



Principal Place of Business
320 48TH STREET COURT WEST
PALMETTO, FL 34221 US

Mailing Address
320 48TH STREET COURT WEST
PALMETTO, FL 34221 US

40002379

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007

Chg-P

CR2E034 (12/06)

4. FEI Number
56-2486157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALDIVAR, JUAN G
320 48TH STREET COURT WEST
PALMETTO, FL FL

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SALDIVAR, JUAN G
320 48TH STREET COURT WEST
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
PALMETTO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
SALDIVAR, JONATHAN
336 - 48TH STREET WEST
PALMETTO, FL 34221 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40002379

P04000144917

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

☒ Officer of a Corporation (Title): VICE PRESIDENT -OR- ☐ Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

☐ Officer of a Corporation (Title): _____

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. P04000144917

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: SALDINAR COMMUNICATIONS INC FEIN: 56-2486157 Telephone: 941-526-5163

Business Mailing Address: 320-49TH ST CT W City: PALMETTO State: FL Zip: 34221 County: MANATEE

Scope of Business or Trade of Applicant: 1. WINDOWS + DOORS 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) _____

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?
☐ Yes ☒ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: _____ FEIN: _____

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

SECTION 8. FRAUD NOTICE

- Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.



SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

ATTACHMENT

40002379
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SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any employees of the corporation or limited liability company (LLC) listed in section 3 are covered by workers' compensation insurance.

JONATHAN SALDIVAR

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

594, 28, 4328
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #

APPLICANT'S SIGNATURE

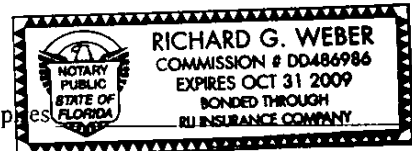
AUG. 25, 2004
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF MANATEE

Sworn to and subscribed before me this 25 day of AUGUST, 2004, by JONATHAN SALDIVAR

Personally Known OR Produced Identification ☒ Type of Identification
Produced DL # S431 420-84-299-0

NOTARY SIGNATURE Richard G. Weber My Commission Expires



Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.
Suite #506
Ft. Myers FL 33907
Telephone (239) 278-7239

9000 Regency Square Blvd.
Suite #212
Jacksonville FL 32211-9100
Telephone (904) 798-5806

401 NW 2nd Ave.
Suite #321 South Tower
Miami FL 33128
Telephone (305) 536-0306

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

400 West Robinson St
Room #211 North Tower
Orlando FL 32801
Telephone (407) 245-0896

2686 Chapman Dr.
Panama City FL 32405
Telephone (850) 747-5425

610 E. Burgess Road
Pensacola, FL 32504-6320.
Telephone (850) 453-7804

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-3143 or
(954) 321-3160

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 361-6022

2012 Capital Circle Se
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 414-1237 or
(850) 488-2717

9215 N. Florida Ave.
Suite #107
Tampa FL 33612
Telephone (813) 930-7558

3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5412

STATE USE ONLY

Effective/Issue Date:

Expiration Date:

Control Number:

Postmark Date:

Received Date:

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

ATTACHMENT
40002379

P04000144917

From whom transferred

Received Certificate No. _____
For _____ Shares

For _____ Shares

No. 0004

CERTIFICATE

Dated _____
NO. ORIGINAL NO. OF ORIGINAL NO. OF SHARES
CERTIFICATE SHARES TRANSFERRED

Issued to _____

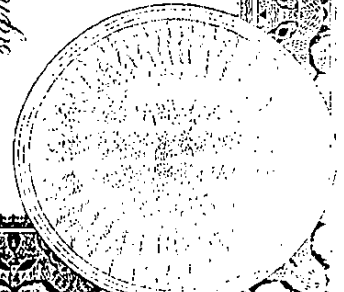
Dated _____

0004	ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA	SHARES 10
Only Issued 100 Shares		
SALDIVAR COMMUNICATIONS INC		

This Certifies That JONATHAN SALDIVAR
is hereby issued TEN (10) SHARES fully paid
and non-assessable Shares of the Stock of the above named Corporation
transferable only on the books of the Corporation by the holder hereof in person or
by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be
signed by its duly authorized officer and its Corporate Seal to be hereunto affixed

this 25 day of AUGUST 2006



Jonathan Saldivar
PRESIDENT
Jonathan Saldivar
TREASURER