

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000159707

1. Entity Name  
SALSO HOLDINGS, INC.



Principal Place of Business

155 OCEAN LANE DRIVE  
APT. 1001  
KEY BISCAVNE, FL 33149

Mailing Address

155 OCEAN LANE DRIVE  
APT. 1001  
KEY BISCAVNE, FL 33149



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2492076

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIZABETH F. CALVO, P.A.  
328 CRANDON BLVD.  
SUITE 226  
KEY BISCAVNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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**

U00000670490  
03/27/07-80114-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SERVALLI, SUSANNA M  
STREET ADDRESS 155 OCEAN LANE DRIVE  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D  
NAME MALVISI, GLORA N  
STREET ADDRESS 155 OCEAN LANE DRIVE  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

DECLARATION PHONE #