

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2008 OCT -9 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000051655

1. Entity Name  
ELISA SALMERON, P.A.



Principal Place of Business Mailing Address

3249 SW 57 COURT 3249 SW 57 COURT  
MIAMI, FL 33155 MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2049 South Ocean Drive 2049 South Ocean Drive  
Hollandale Flexion Hollandale Flexion

City & State City & State

33009 U.S.A 33009 U.S.A



08262008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2674978 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SALMERON, ELISA Name  
3249 SW 57 COURT Street Address (P.O. Box Number is Not Acceptable)  
MIAMI, FL 33155 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 *Elisa* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P D <input type="checkbox"/> Delete	TITLE	D.O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMERON, ELISA	NAME	Salmeron Elisa
STREET ADDRESS	3249 SW 57 COURT	STREET ADDRESS	2049 South Ocean Drive Hollandale Florida
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	33009
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	900136894699
STREET ADDRESS		STREET ADDRESS	10/14/08--01013--009 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Elisa Salmeron* DATE: Daytime Phone:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR