


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P05000164371 |  |
| 1. Entity Name SALNUR CORP. | |

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|---|---|
| Principal Place of Business 11153 S.W. 37TH MANOR DAVIE, FL 33328 | Mailing Address 11153 S.W. 37TH MANOR DAVIE, FL 33328 |
|---|---|

DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 54-2188969 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LUCANIA, SALVATORE 11153 S.W. 37TH MANOR DAVIE, FL 33328 | |
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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 _____ U000000893801
04/24/08-80003-017 150.00

(NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LUCANIA, SALVATORE 11153 S.W. 37TH MANOR DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LUCANIA, NUNZIO 3363 LAKESIDE DRIVE DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ALBARRACIN, RUBEN 11153 S.W. 37TH MANOR DAVIE, FL 33328 |
| 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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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: Salvatore Lucania Salvatore Lucania 954-822-3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #