

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000896

Entity Name: SAL-REY ENTERPRISE INC.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

225 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

225 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 20-4041595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALABARRIA, RAUL R  
225 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SALABARRIA, RAUL R  
Address: 225 PONCE DE LEON ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: SALABARRIA, REYNA M  
Address: 225 PONCE DE LEON ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O ( ) Delete  
Name: SALABARRIA, RAUL A  
Address: 150 SANTA MONICA ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O ( ) Delete  
Name: SALABARRIA, NICHOLAS R  
Address: 225 PONCE DE LEON ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O ( ) Delete  
Name: SALABARRIA, JOSEPH R  
Address: 225 PONCE DE LEON ST.  
City-St-Zip: ROYAL BEACH, FL 33411

Title: O ( ) Delete  
Name: REBECCA, SALABARRIA A  
Address: 225 PONCE DE LEON ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change ( ) Addition  
Name: SALABARRIA, RAUL A  
Address: 332 W MINNEHAHA AV  
City-St-Zip: CLERMONT, FL 34711

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

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

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

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: RAUL SALABARRIA

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date