
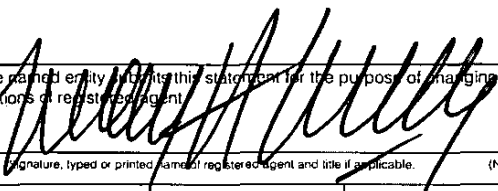
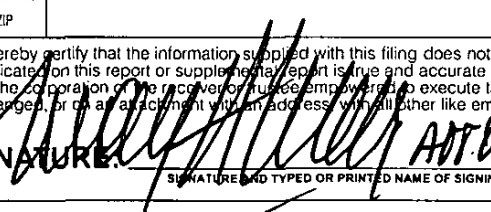


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000047909 1. Entity Name CORP SALEM INVESTMENT CORP.						FILED 2008 APR 30 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134				Mailing Address 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent FILINGS, INC. 8752 NW 16TH STREET FT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Road, Suite 507 City Coral Gables FL Zip Code 33134			
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  (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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SALEM, XAVIER J <input type="checkbox"/> Delete 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY - ST - ZIP	600129437798 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01009--014 **\$600.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST DE SALEM, MARIA ELENA <input type="checkbox"/> Delete 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address, with all other like empowered.							
SIGNATURE 				AUTHORITY IN FACT 4/22/08 5057281319			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			