


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90051 011 ***150.00

DOCUMENT # P06000078475 1. Entity Name SALATI INVESTMENTS, INC.					
Principal Place of Business 5825 SUNSET DRIVE SUITE 210 SOUTH MIAMI, FL 33143			Mailing Address 5825 SUNSET DRIVE SUITE 210 SOUTH MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box # 9999 NE 2 AVE		3. Mailing Address Suite, Apt. #, etc. 218			
City & State MIAMI SHORES FL		City & State MIAMI SHORES FL		4. FEI Number 06-1781536	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARACIDO, NELSON ESQ. 5825 SUNSET DRIVE SUITE 210 SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name CHIARATO UGO Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVENUE # 218 City MIAMI SHORES FL Zip Code 33138	
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 <u><i>Ugo Chiarato</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P.T <input type="checkbox"/> Delete SALATI, STEFANO 5825 SUNSET DRIVE, SUITE 210 SOUTH MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PRATS-NICASTRO, MONICA 3201 NE 183 ST, APT 2708 AVENTURA, FL 33160		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	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Ugo Chiarato</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/05/08</u> (305) 899.5099 <small>Daytime Phone #</small>		