

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000078475

1. Entity Name
SALATI INVESTMENTS, INC.



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

03-10-2008 90051 011 ***150.00

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 #
4999 NE 2 Ave

3. Mailing Address

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

City & State
MIAMI SHORES FL

City & State

Zip
33138

Country
USA

Zip

Country

4. FEI Number
06-1781536

Applied For
Not Applicable

5. Certificate of Status Desired **\$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~~

Name
CHIARATO JG

Street Address (P.O. Box Number is Not Acceptable)

**9799 NE 2ND AVENUE # 218
MIAMI SHORES FL 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
Ng V. Cen t

Signature, typed or printed name of registered agent and title if applicable.

(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. **\$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 SALATI, STEFANO 5825 SUNSET DRIVE, SUITE 210 SOUTH MIAMI, FL 33143	<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	S PRATS-NICASTRO, MONICA 3201 NE 183 ST, APT 2708 AVENTURA, FL 33160	<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
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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: *Sal S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/08 (305)899.5099
Date Daytime Phone #