

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068521

Entity Name: SALUD-HABLES, INC.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

901 CRANDON BLVD.  
SUITE 201  
KEY BISCAYNE, FL 33149 US

## Current Mailing Address:

901 CRANDON BLVD.  
SUITE 201  
KEY BISCAYNE, FL 33149 US

## New Principal Place of Business:

251 CRANDON BLVD  
1133  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

251 CRANDON BLVD  
1133  
KEY BISCAYNE, FL 33149 US

FEI Number: 02-0814039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUESADA, PABLO S  
2333 PONCE DE LEON BLVD  
SUITE 302  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

KORENFELD, ADAM  
2451 BRICKELL AVE  
15E  
MIAMI, FL 33129 US

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: ADAM KORENFELD

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: RESTREPO, PATRICIA  
Address: 1065 KANE CONCOURSE, SUITE 201  
City-St-Zip: BAY HARBOR, FL 33154 US

Title: VPTD ( ) Delete  
Name: ZULUAGA, PATRICIA  
Address: 901 CRANDON BLVD., SUITE 201  
City-St-Zip: KEY BISCAYNE, FL 33149 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RESTREPO, PATRICIA  
Address: 901 CRANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP (X) Change ( ) Addition  
Name: ZULUAGA, PATRICIA  
Address: 901 CRANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: PATRICIA ZULUAGA

VP

04/19/2009

Electronic Signature of Signing Officer or Director

Date