

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092466

FILED
Apr 07, 2009
Secretary of State

Entity Name: FRED SALRIN, INC.

Current Principal Place of Business:

261 RIVERWOOD ROAD
NAPLES, FL 34114

New Principal Place of Business:

3823 TAMIAMI TRAIL EAST #597
NAPLES, FL 34112

Current Mailing Address:

261 RIVERWOOD ROAD
NAPLES, FL 34114

New Mailing Address:

3823 TAMIAMI TRAIL EAST #597
NAPLES, FL 34112

FEI Number: 26-0739851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: DPT () Delete
Name: SALRIN, FRED
Address: 261 RIVERWOOD ROAD
City-St-Zip: NAPLES, FL 34114

Title: DSVP () Delete
Name: LARSEN, KIRSTINE
Address: 210 TIMBER LAKE CIRCLE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIRSTINE LARSEN

VP

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date