


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P10000083298	
1. Entity Name PRESALUD INTERNATIONAL INC	

2011 JUL 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2. Principal Place of Business - No P.O. Box # 5201 BLUE LAGOON DR		3. Mailing Address 4800 SW 8 ST	
Suite, Apt. #, etc. 955		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State CORAL GABLES, FL	
Zip 33126	Country USA	Zip 33134	Country US

500207314235
05/06/11--01011--010 **150.00

CR2E034B (1/11)

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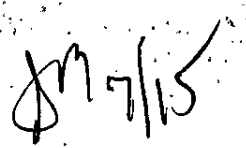
4. FEI Number 38-3820814	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


7. Name and Address of Current Registered Agent	
Name OSMAN A. DELGADO	
Street Address (P.O. Box Number is Not Acceptable) 11440 NW 75TH TERRACE	
City MIAMI	FL Zip Code 33178

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 	DATE 07-12-2011

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: E-mail address to be used for future annual report notices
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OSMAN A. DELGADO 11440 NW 75TH TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	


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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.	
SIGNATURE: 	DATE 07.12.2011 786-448.6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #