


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90420 009 ***150.00

DOCUMENT # P93000030003

1. Entity Name
SALOM TRANSPORTATION, INC.



Principal Place of Business Mailing Address

8485 NW 7TH AVE **PO BOX 560336**
MIAMI, FL 33150 US **MIAMI, FL 33256 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3180977 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALOM, JOHN
8485 NW 7TH AVE
MIAMI, FL 33150

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 Delete

NAME **P SALOM, JOHN C**

STREET ADDRESS **100 NE 36 STREET**

CITY-ST-ZIP **MIAMI, FL 33137**

TITLE Change Addition

NAME **P Salom John C.**

STREET ADDRESS **8485 N.W. 7th Ave**

CITY-ST-ZIP **MIAMI FL 33150**

TITLE Delete

NAME **V SALOM, BARBARA**

STREET ADDRESS **100 NE 36 STREET**

CITY-ST-ZIP **MIAMI, FL 33137**

TITLE Change Addition

NAME **V Salom, Barbara.**

STREET ADDRESS **8485 N.W. 7th Ave**

CITY-ST-ZIP **MIAMI FL 33150**

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

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TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 **305/758-9527**
 Date Daytime Phone #