ANNUAL REPORT (AR)

DOCUMENT # P93000069920 FILED 1. Entity Name Feb 22, 2007 08:00 AM Secretary of State SALEX OF MIAMI, INC. Principal Place of Business Mailing Address LOUIS ALEXANDER 12100 S.W. 47TH STREET MIAMI FL 33175 12100 S.W. 47TH STREET **MIAMI FL 33175** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Numbor Applied For 65-0441029 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, LOUIS 12100 SW 47 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DHE Delete TITLE ☐ Change ALEXANDER, LOUIS NAMI: NAME <u>U000000643660</u> 12100 SW 47TH ST STREET ADDRESS 03/02/07-80011-005 150.00 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP IME ☐ Defete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP Delete TITLE ☐ Change Addition NAME STRLET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - 57 - 21P Delete 31117 IIIIF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIIII Change ☐ Addition NAMŁ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+SI-ZIP THE HILE ☐ Change ☐ Delete ☐ Addition NAME NAME SINEET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.