


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000069920 1. Entry Name SALEX OF MIAMI, INC.	
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Principal Place of Business 12100 S.W. 47TH STREET MIAMI, FL 33175	Mailing Address LOUIS ALEXANDER 12100 S.W. 47TH STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE

06182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0441029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALEXANDER, LOUIS 12100 SW 47 STREET MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALEXANDER, LOUIS 12100 SW 47TH ST MIAMI, FL 33175
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07/07/08-80001-020 158.75

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Alexander* **7/1/08** **(304) 219-8747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #