


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90185 044 ***150.00

DOCUMENT # P93000074931

1. Entity Name
 SALEM INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 14388 SW 142 AVE 14388 SW 142 AVE
 MIAMI, FL 33186 US MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 5439 SW 151 PLACE 5439 SW 151 PLACE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI - FL MIAMI - FL
 Zip Country Zip Country
 33185 USA 33185 USA



04102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-0445015 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SALEM, CECILIA V
 5439 SW 1ST ST
 MIAMI, FL 33185

Name CECILIA V. SALEM
 Street Address (P.O. Box Number is Not Acceptable)
 5439 SW 151 PLACE
 City MIAMI FL Zip Code 33185

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SALEM, CECILIA V 5439 SW 151 PLACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecilia V. Salem Date: 04/11/07 Telephone: (305) 233-3321