


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90195 037 \*\*\*150.00

**DOCUMENT # P94000069566**  
 1. Entity Name  
**SALWIN, INCORPORATED OF BOCA RATON**



Principal Place of Business Mailing Address  
~~8406 VIA LEONESSA~~ ~~BOCA RATON, FL 33433~~ US  
**4801 NW SPARTANUM BLVD TAMPA FL 33319**

**24068293**



**DO NOT WRITE IN THIS SPACE**

04172004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0530117** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALLEE A. BERLINER**  
~~8406 VIA LEONESSA~~ ~~BOCA RATON, FL 33433~~  
**4801 NW SPARTANUM BLVD TAMPA FL 33319**

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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 \_\_\_\_\_ 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

TITLE	S
NAME	BERLINER, SALLEE A.
STREET ADDRESS	<del>8406 VIA LEONESSA</del> <b>4801 NW SPARTANUM BLVD</b>
CITY-ST-ZIP	<del>BOCA RATON, FL 33433</del> <b>TAMPA FL 33319</b>
TITLE	P
NAME	BERLINER, SCOTT L.
STREET ADDRESS	<del>8406 VIA LEONESSA</del> <b>4801 NW SPARTANUM BLVD</b>
CITY-ST-ZIP	<del>BOCA RATON, FL 33433</del> <b>TAMPA FL 33319</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: SALLEE A. BERLINER **SALLEE A. BERLINER** SECRETARY **901-535-0161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #