

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90036 044 \*\*\*150.00



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

Principal Place of Business      Mailing Address  
**4801 NW 58TH STREET**      **4801 NW 58TH STREET**  
**TAMARAC FL 33319**      **TAMARAC FL 33319**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**247 SWAIN BLVD.**      **247 SWAIN BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State      4. FEI Number      Applied For  
**GREEN ACRES, FL US**      **GREEN ACRES, FL US**      **65-0530117**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33463**      **PALM BEACH**      **33463**      **PALM BEACH**           

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**SALLEE A. BERLINER**      Name **SCOTT L. BERLINER**  
**4801 NW 58TH STREET**      Street Address (P.O. Box Number is Not Acceptable)  
**TAMARAC FL 33319**      **247 SWAIN BLVD.**  
 City **GREEN ACRES**      FL      Zip Code **33463**

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 *Scott L. Berliner*      **SCOTT L. BERLINER**      **03-25-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERLINER, SALLEE A</b> <b>4801 NW 58TH STREET</b> <b>TAMARAC FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERLINER, SALLEE A.</b> <b>247 SWAIN BLVD.</b> <b>GREENACRES, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERLINER, SCOTT L.</b> <b>4801 NW 58TH STREET</b> <b>TAMARAC FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERLINER, SCOTT L.</b> <b>247 SWAIN BLVD.</b> <b>GREEN ACRES FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERLINER, LOUISE</b> <b>247 SWAIN BLVD.</b> <b>GREENACRES, FL 33463</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      **03/25/05**      **561-229-2344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #