

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062208

Entity Name: SALUD SERVICES, INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

62 DOMICILIO AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

P.O.BOX 170008
MIAMI, FL 33017

Current Mailing Address:

P.O. BOX 170008
MIAMI, FL 33017

New Mailing Address:

FEI Number: 73-1685117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMADOR, MICHAEL
7733 N.W. 194 STREET
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

AMADOR, MICHAEL
7915 NW 5 COURT
MIAMI, FL 33150 US

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.

SIGNATURE: MICHAEL AMADOR

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ALONSO, MARIA
Address: 7733 N.W. 194 STREET
City-St-Zip: MIAMI, FL 33015

Title: P () Delete
Name: AMADOR, MICHAEL
Address: 7733 N.W. 194 STREET
City-St-Zip: MIAMI, FL 33015

Title: ST (X) Delete
Name: MIQUEZ ALVAREZ, ALINA
Address: 7733 N.W. 194 STREET
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ALONSO, MARIA
Address: 7915 NW 5 COURT
City-St-Zip: MIAMI, FL 33150

Title: P (X) Change () Addition
Name: AMADOR, MICHAEL
Address: 7915 NW 5 COURT
City-St-Zip: MIAMI, FL 33150

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AMADOR

P

01/31/2006

Electronic Signature of Signing Officer or Director

Date