

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90160 005 ***150.00

DOCUMENT # **P96000000420**



1. Entity Name
SALEM MANUFACTURING, CORPORATION

Principal Place of Business 0440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 US	Mailing Address 0440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 US
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2. Principal Place of Business 16711 COLLINS AVE # 2002 City & State NORTH MIAMI BEACH FL	3. Mailing Address 16711 COLLINS AVE # 2002 City & State NORTH MIAMI BEACH FL
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CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0689142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTH, LEONARDO A. 0440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name SALEM JAIME HORACIO Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVENUE UNIT 2002 City NORTH MIAMI BEACH FL Zip Code 33160
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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 *Jaime* SALEM JAIME HORACIO DATE 03-24-03
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALEM, SALVADOR		NAME	
STREET ADDRESS 16711 COLLINS AVENUE, UNIT 2002		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALEM, JAIME HORACIO		NAME	
STREET ADDRESS 16711 COLLINS AVENUE, UNIT 2002		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE DT.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALEM, ALEJANDRO G		NAME	
STREET ADDRESS 16711 COLLINS AVENUE, UNIT 2002		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jaime* SALEM JAIME HORACIO SECRETARY DATE 03-24-03 DAYTIME PHONE # 305-945-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)