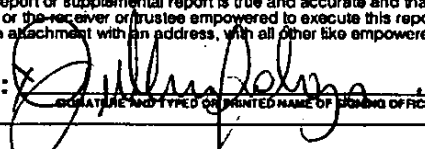


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

02-28-2005 90240 012 ***150.00

DOCUMENT # P96000025353					
1. Entity Name SALAZAR AND ASSOC. INC.					
Principal Place of Business 357 HIALEAH DR HIALEAH FL 33010 US			Mailing Address 357 HIALEAH DR HIALEAH FL 33010 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0652914	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, FULTON 702 HIALEAH DR HIALEAH FL 33010				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALAZAR, FULTON		NAME		
STREET ADDRESS	702 HIALEAH DR		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33010		CITY- ST- ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACIAS, BLANCHY		NAME		
STREET ADDRESS	702 HIALEAH DR		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33010		CITY- ST- ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALAZAR, JORGE		NAME		
STREET ADDRESS	702 HIALEAH DR		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33010		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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:  2/9/05					
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR					

66011023



1st MOORE CR2E034 (10/04)