

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90179 014 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000100226

1. Entity Name
SALUS INTERNATIONAL CORPORATION



Principal Place of Business
**901 PONCE DE LEON BLVD
 SUITE 603
 CORAL GABLES, FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD
 SUITE 603
 CORAL GABLES, FL 33134**

40050063



01192007 No Org-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0713463

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALBORNOZ, WILLIAM H ESQ.
 901 PONCE DE LEON BLVD
 SUITE 601
 CORAL GABLES, FL 33134**

**DO NOT WRITE
 IN THIS SPACE**

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 registered.) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

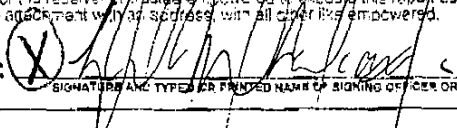
9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAVALCANTI, LUIS C
STREET ADDRESS	901 PONCE DE LEON BLVD STE 603
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 my address, with all other like empowered.

SIGNATURE: (X) 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L. Cavalcanti 4/2/07

(305) 444-4741