


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90001 006 \*\*\*150.00

DOCUMENT # P97000075916		
1. Entity Name SALSA ENTERPRISES, INC.		

Principal Place of Business 9843 SW 40ST 165 MIAMI, FL 33165 US	Mailing Address 9843 SW 40ST 165 MIAMI, FL 33165 US
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**34055695**

2. Principal Place of Business <b>9843 SW 40 ST</b>	3. Mailing Address <b>9843 SW 40 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05252004 Chg-P CR2E034 (10/03)

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33165</b>	Zip <b>33165</b>
Country <b>US</b>	Country <b>US</b>

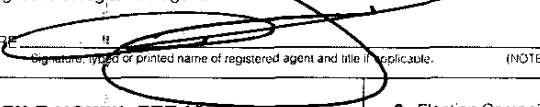
4. FEI Number <b>65-0779370</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GUEITS, RENE</b> <b>18000 NW 68 AVE</b> <b>#408</b> <b>MIAMI, FL 33015</b>	
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7. Name and Address of New Registered Agent Name <b>GUEITS, RENE D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15049 SW 9 WAY</b> City <b>Miami</b> FL <b>33194</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEITS, RENE D 18000 NW 68 AVE #408 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEITS, RENE D 15049 SW 9 WAY Miami FL 33194 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONCEPCION, XIOMARA 1810 W 56TH ST, 3117 HIALEAH, FL 33012 <input checked="" 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/04 3052007115**  
Date Daytime Phone