


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90153 041 \*\*\*150.00

DOCUMENT # P97000100131 1. Entity Name SALER, INC. OF PALM BEACH	
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Principal Place of Business 934 S. DIXIE HWY LANTANA, FL 33462	Mailing Address 934 S. DIXIE HWY LANTANA, FL 33462
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2. Principal Place of Business 5112 ARBOR GLEN CIR.	3. Mailing Address 5112 ARBOR GLEN CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL	4. FEI Number 65-0796033	Applied For Not Applicable
Zip 33463	Country USA	Zip 33463	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 HYTTINEN, UNTO  
 934 S. DIXIE HWY  
 LANTANA, FL 33462

7. Name and Address of New Registered Agent  
 Name HYTTINEN UNTO  
 Street Address (P.O. Box Number is Not Acceptable)  
 5112 ARBOR GLEN CIR.  
 City LAKE WORTH FL Zip Code 33463

8. The above named entity sponsors 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: UNTO HYTTINEN, O DATE: 03 22 2004

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYTTINEN, UNTO 706 GROVE STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 my address, with all other officers empowered.

SIGNATURE: UNTO HYTTINEN, O DATE: 03 22 2004