FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # P98000017953
1. Entity Name
SALUSANNA SERVICES INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91154 009 ***158.75

DO NOT WRITE IN THIS SPACE

11040734

2. Principal Place of Business USLES DR, 401 GOLDEN ISLES DR.											
Suite, Apt. #, etc.				etc.			DO NOT WRITE IN THIS SPACE				
City & State	ANDA	LE BEACH	HALLANDALE BEACHE				FEI Numbe	65.08	2732	O Applied For Not Applicable	
Zip 334	900	Country SA ·	Zip 33009		SA.	·		of Status Desired	M	\$8.75 Additional Fee Required	
Control of the Contro								Address of Curren		Agent	
DO NOT WRITE					Name SALOCCHI, STEFANO Street Address (P.O. Box Number is Not Aggentable) No. 11						
		4016	204	<u>DEN</u>	13683	S,DK F	1108				
					HALLA	NDA	LE B	EACH	FL	33009-752	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee Is \$150.00.											
After May 1, Fee is \$550.00 Amended UBR is \$61.25							- 1	ction Campaign Fi st Fund Contribution		\$5.00 May Be Added to Fees	
Make Check 10.	Payable to	Florida Department of a OFFICERS AND D	Principal Control Cont	43.36.3							
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12. Thereby 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 on an											
attachmer	nt with an add	dress, with all other like emp	powered	,)	, / .	,		
SIGNATURE: Y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRE											