


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90268 011 \*\*\*150.00

<b>DOCUMENT # P98000042699</b> 1. Entity Name <b>SAAL TRUST INVESTMENTS CORP.</b>					
Principal Place of Business <b>18851 NE 29TH AVE #740 AVENTURA, FL 33180</b>			Mailing Address <b>18851 NE 29TH AVE #740 AVENTURA, FL 33180</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3343 NE 171 ST.</b>  Suite, Apt. #, etc.			
City & State _____		City & State <b>NORTH MIAMI BEACH</b>		4. FEI Number <b>65-0839420</b>	
Zip _____		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROUSSO, MARK ESQ 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT SAAL, JOSE NORBERTO 18851 NE 29TH AVE #740 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARSKY, SAUL NATALIO 3343 NE 171 ST. MIAMI, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUZZONE, NATALIE 18851 NE 29TH AVE., #740 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALICIA SAAL 3343 NE 171 ST. MIAMI, FL 33160	<input checked="" 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"/> Delete			
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.					
<b>SIGNATURE:</b> _____		SAAL, JOSE NORBERTO		3-4-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	