

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000065819

1. Entity Name  
SAL COMMUNICATIONS, INC.



FILED  
Apr 29, 2004 8:00 am  
Secretary of State

04-29-2004 90281 027 \*\*\*150.00

Principal Place of Business

15390 SW 143RD AVENUE  
MIAMI, FL 33177

Mailing Address

15390 SW 143RD AVENUE  
MIAMI, FL 33177

2. Principal Place of Business

14428 SW 158<sup>th</sup> Path

3. Mailing Address

14428 SW 158<sup>th</sup> Path

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

-

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33196

Country

USA

Zip

33196

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0856591

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAFONTAINE, MILAGROS  
15390 SW 143RD AVENUE  
MIAMI, FL 33177

Name

-

Street Address (P.O. Box Number is Not Acceptable)

14428 SW 158<sup>th</sup> Path

City Miami

FL

Zip Code 33196

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

FILE NOW!!! FEE IS \$150.00

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LAFONTAINE, MILAGROS  
STREET ADDRESS 15390 SW 143RD AVENUE  
CITY-ST-ZIP MIAMI, FL 33177

Delete

TITLE P  
NAME Lafontaine, Milagros  
STREET ADDRESS 14428 SW 158<sup>th</sup> Path  
CITY-ST-ZIP Miami - Florida 33196

Change

Addition

TITLE V  
NAME VASQUEZ, JOSE E  
STREET ADDRESS 8306 RIVER HIGHLAND  
CITY-ST-ZIP TAMPA, FL 33617

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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:

*M. Lafontaine* Milagros Lafontaine 4/23/04

305-256-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #