2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90281 027 ***150.00

DOCUMENT # P98000065819

1. Entity Name
SAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
15390 SW 143RD AVENUE MIAMI, FL 33177	15390 SW 143RD AVENUE MIAMI, FL 33177

2. Principal Place of Business	3. Mailing Address
14428 SW 158th Path	14428 SW 158th 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	7. Name and Address of New Registered Agent
LAFONTAINE, MILAGROS 15390 SW 143RD AVENUE MIAMI, FL 33177	Name: — Street Address (P.O. Box Number is Not Acceptable): 14428 SW 158th 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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	LAFONTAINE, MILAGROS	NAME	Lafontaine, Milagros
STREET ADDRESS	15390 SW 143RD AVENUE	STREET ADDRESS	14428 SW 158th Path
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	Miami - Florida 33196
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VASQUEZ, JOSE E	NAME	
STREET ADDRESS	8306 RIVER HIGHLAND	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #