

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
**15390 SW 143RD AVENUE
MIAMI, FL 33177**

Mailing Address
**15390 SW 143RD AVENUE
MIAMI, FL 33177**

2. Principal Place of Business
14428 SW 158th Path

3. Mailing Address
14428 SW 158th Path

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0856591

Applied For
Not Applicable

Zip
33196

Country
USA

Zip
33196

Country

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**

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Lafontaine, Milagros**
STREET ADDRESS **14428 SW 158th Path**
CITY-ST-ZIP **Miami - Florida 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Milagros Lafontaine 4/23/04

305-256-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #