


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000001623 1. Entity Name SALTY'S LOUNGE, INC.	
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Principal Place of Business 4427 NW 36TH ST MIAMI SPRINGS, FL 33166	Mailing Address 1000 MORNING SIDE DR. MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

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04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0886371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOGLE, LEWIS H III.
1000 MORNING SIDE DR
MIAMI SPRINGS, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/14/04-80046-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOGLE, LEWIS H III. 1000 MORNING SIDE DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOGLE, VIRGINIA LEE 10415 SW 53RD AVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: L.H. FOGLE III **PRESIDENT** 4/9/04 (305) 885-6954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #