2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070037

Title:

Name:

Address:

City-St-Zip:

VPS

() Delete

SALDONAS, MANUEL J

CORAL GABLES, FL 33144

840 WALLACE ST

Entity Name: SALBOR INVESTMENT CORP.

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13700 SW 62ND STREET SUITE 107 MIAMI, FL 33183 **New Mailing Address: Current Mailing Address:** 13700 SW 62ND STREET SUITE 107 MIAMI, FL 33183 FEI Number: 65-0939504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARIAS, ANGELIQUE M 20710 SW 116RD MIAMI, FL 33187 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SALDANAS, NEMROD M Name: Name: 9439 FOUNTAINEBLEAU BLVD, #103 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SALDANAS, LUSSY SD Name: 13700 S.W 62 ST, #107 Address: Address: MIAMI, FL 33183 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SALDONAS, CARLOS E SALDANAS, CARLOS E Name: Name: 13700 SW 62ND ST 107 13700 SW 62ND ST 107 Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VPS

SALDANAS, MANUEL J

CORAL GABLES, FL 33144

840 WALLACE ST

(X) Change () Addition

SIGNATURE: NEMROD M. SALDANAS PD 02/27/2008