

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070037

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SALBOR INVESTMENT CORP.

## Current Principal Place of Business:

13700 SW 62ND STREET  
SUITE 107  
MIAMI, FL 33183

## New Principal Place of Business:

## Current Mailing Address:

13700 SW 62ND STREET  
SUITE 107  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 65-0939504      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIAS, ANGELIQUE M  
20710 SW 116RD  
MIAMI, FL 33187      US

## Name and Address of New Registered Agent:

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 (X).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SALDANAS, NEMROD M  
Address: 9439 FOUNTAINEBLEAU BLVD, #103  
City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete  
Name: SALDANAS, LUSSEY SD  
Address: 13700 S.W 62 ST, #107  
City-St-Zip: MIAMI, FL 33183

Title: O ( ) Delete  
Name: SALDANAS, CARLOS E  
Address: 13700 SW 62ND ST 107  
City-St-Zip: MIAMI, FL 33183

Title: VPS ( ) Delete  
Name: SALDANAS, MANUEL J  
Address: 840 WALLACE ST  
City-St-Zip: CORAL GABLES, FL 33144

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: SALDANAS, NEMROD M MR  
Address: 9439 FOUNTAINEBLEAU BLV. # 103  
City-St-Zip: MIAMI, FL 33172

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.

SIGNATURE: NEMROD SALDANAS

P

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date