## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State

ANNUAL REPURI								02-02-2006 90072 008 ***150.00				
DOCUI 1. Entity Name SAL'S RE				đ <i>n</i> ,		9007.	2 008 ***1	.30.00				
Principal Place	of Business	s	Mailing Address				બુ હ	•				
6			P.O. BOX 185					•				
4998 N. LECANTO HWY Holder, Fl 34445 US			HOLDER, FL 34445 US				·					
HULDER, FL	34440	03	HOLDER, TE 34443 03							111 <b>1</b> 1111 11111 11111		
2. Principal Pl		ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222006	Chg-P	CR2E	034 (11/05)	allod Cor		
City & State  Zip Country			City & State	Zip Country			4. FEI Number 59-3049	091		Not	Applicable	
Zip	6 11	6. Name and Address of Current Registered Agent		Coun	т. Т		5. Certificate o	\$8.75 Additional Fee Required				
	o. name	and Address of Curren		7. Name and Address of New Registered Agent								
ODENDAH, WILLIAN J JR NAME MISSPELLED 2021 SW FIFTH XVE OCALA, FL 34474					Namber is Not Acceptable)							
				<u> </u>					FL	Zip Code		
The above named entity submits this statement for the purpose of changing its register						registe	red agent, or both	, in the State of Fi		familiar with,	and accept	
the obligati	ions.pt regis	itered 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AN	D DIRECTORS	11.			ADDITIONS/0	HANGES TO OF	FICERS AN	D DIRECTORS	IN 11	
TITLE -	D		Delete	TITE	Æ	D				X Change	Addition	
NAME	PISTONE, BERNARDO				AE .	PIST	ONE, BERNA	RDO				
STREET ADDRESS 5235 N. CLIFF DR.				EET ADDRESS	929 E	. VICTORIAN						
CITY-ST-ZIP BEVERLY HILLS, FL				Y-ST-ZIP	HOLD	DER, FL 344	45					
TITLE	D		☐ Delete	ımı	E	D	32.1, 12 01.			Change	Addition	
NAME	_	MADIA	LI Delae	NA		_	ONE, MARIA			EZ Cuando		
STREET ADDRESS	PISTONE, MARIA ADDRESS   5235 N. CLIFF DR.				TEET ADDRESS	1	E. VICTORIA					
CITY-ST-ZIP		Y HILLS, FL		Y-ST-ZIP	i							
	DEVENL	T DILLO, FL			HOL	DER, FL 344	45		<del></del>			
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NAME				, NAI								
STREET ADDRESS					LEET ADDRESS							
CITY-ST-ZIP				CIT	Y-ST-ZIP	<u> </u>						
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NAME				NA	ME	1						
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CITY-ST-ZIP	ľ			CIT	Y-ST-ZIP		•					
TITLE	1		☐ Delete	TIT	15			•		☐ Change	Addition	
NAME				NA.		1						
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	ļ					<del> </del>						
TITLE			☐ Delete	TIT						☐ Change	Addition	
NAME				NA	_							
STREET ADDRESS				ST	REET ADDRESS	1						
CITY-ST-ZIP	1			CIT	Y-ST-ZIP	1						
12, i hereby	certify that it	he information supplied v	rith this filing does not qualify	or the e	xemptions	containe	d in Chapter 119	. Florida Statutes	. I further o	ertify that the i	nformation	
of the co	d on this rep rporation or	ort or supplemental repor the receiver or trustee en	1 is true and accurate and that appeared to execute this report, with all other like empowered.	my sign n as reqi	ature shall I	have the	same legal effec	t as if made unde	r oath; that	I am an officer	or director	
SIGNATURE: SECULD PLANTS NAME OF PRINTED NAME OF SIGNING OFFICER OR DURECTOR  Date Of Signature and types of Printed Name of Signing Officer or Durector											00&9	