

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000074601

**Entity Name:** SALVADORI, CORP

**Current Principal Place of Business:**

15027 ARBOR RESERVE CIR  
APT 203  
TAMPA, FL 33624

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**6755889818CC**

**Current Mailing Address:**

15027 ARBOR RESERVE CIR  
APT 203  
TAMPA, FL 33624 US

**FEI Number: 81-3914361**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

QUINTERO, CAROLINA E  
15027 ARBOR RESERVE CIR  
APT 203  
TAMPA, FL 33624 US

*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

**Officer/Director Detail :**

Title            P  
Name            QUINTERO, CAROLINA E  
Address        15027 ARBOR RESERVE CIR APT 203  
  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            SALVADORI, MIGUEL  
Address        15027 ARBOR RESERVE CIR APT 203  
  
City-State-Zip: TAMPA FL 33624

*I hereby 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 all other like empowered.*

**SIGNATURE: CAROLINA E QUINTERO**

**PRESIDENTE**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date