ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003436

1. Entity Name
SLOMIN'S, INC.

Principal Place of Business	Mailing Address
125 LAUMAN LANE HICKSVILLE, NY 11901	125 LAUMAN LANE HICKSVILLE, NY 11901

DO NOT WRITE IN THIS SPACE

07202004 No Chg P CR2E034 (10/03)

4. FEI Number
11-1339259
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALZMAN, JASON
STREET ADDRESS	125 LAUMAN LANE
CITY-ST-ZIP	HICKSVILLE, NY 11901
TITLE	ST
NAME	MCKENNEY, DAVID R
STREET ADDRESS	125 LAUMAN LANE
CITY-ST-ZIP	HICKSVILLE, NY 11901
TITLE	D
NAME	HANDELMAN, LINDA
STREET ADDRESS	125 LAUMAN LANE
CITY-ST-ZIP	HICKSVILLE, NY 11901
TITLE	D
NAME	SALZMAN, IRA
STREET ADDRESS	125 LAUMAN LANE
CITY-ST-ZIP	HICKSVILLE, NY 11901
TITLE	D
NAME	SALZMAN, JENNIFER
STREET ADDRESS	125 LAUMAN LANE
CITY-ST-ZIP	HICKSVILLE, NY 11901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/23/04-80005-011 550.00

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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: [signature] DAVID MCKENNEY SECRETARY/TREASURER 7/20/04 516-932-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #