## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # P03000040145 05-08-2006 90294 022 \*\*\*150.00 SL DISTRIBUTORS, INC. Principal Place of Business Mailing Address 4000 4400 NW 30TH STREET 4400 NW 30TH STREET # 426 # 426 COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 81-0606831 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY **STE 103C** LIGHTHOUSE POINT, FL 33064 8. The above named entity submits this statement for the purpose of changing its registered office agent, or both, in the State of Florida. I am fai the obligations of SIGNATURE gent signature required when reinstating) 9. Election Campaign F inancing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ■ Addition LIND, STUART NAME NAME STREET ADDRESS 4400 NW 30TH STREET STREET ADDRESS CITY-ST-7IP COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empoy

Date Daytime Phone #