Jan-17-07 08:24A Beacon Accounting Service

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Secretary of State
01-24-2007 90044 018 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

60005809

DOCUMENT # P05000078498

1. Entity Name
4SLICES, INC.

Principal Place of Business	Mailing Address
504 SW SANCTUARY DR PORT ST LUCIE, FL 34986	504 SW SANCTUARY DR PORT ST LUCIE, FL 34986

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
911 Village Blvd.	
Suite, Apt. #, etc. Suite 803	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State
Zip (33409) ~~33409~~ Country US.	Zip Country

4. FEI Number
01-0836865
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARKOWITZ, RITA 504 SW SANCTUARY DR PORT ST LUCIE, FL 34986	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ (Registered Agent's name and title, if applicable) (NOTE: Registered Agent signature required by rule) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISCONTE, DANIELLE 1412 SW BENT PINE COVE PORT ST LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VISCONTE, MICHAEL 1412 SW BENT PINE COVE PORT ST LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKOWITZ, RONNIE 504 SW SANCTUARY DR PORT ST LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARKOWITZ, RITA 504 SW SANCTUARY DR PORT ST LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 statements indicated on this report or supplemental report are 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: Rita Markowitz Rita Markowitz 1/17/07 772-528-6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number