


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003564**

1. Entity Name  
 M. SLAVIN & SONS, LTD., INC.



Principal Place of Business      Mailing Address

106 SOUTH STREET      106 SOUTH STREET  
 NEW YORK, NY 10038      NEW YORK, NY 10038

**DO NOT WRITE IN THIS SPACE**



04272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 11-1710934      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANTROWITZ, ARTHUR  
 7601 B LEXINGTON CLUB BLVD.  
 DELRAY BEACH, FL 33446

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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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

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 05/05/04-60087-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAVIN, STANLEY 417 LINKS DRIVE NORTH HILLS, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLAVIN, BARRY 22 PIN OAK DRIVE ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SLAVIN, HERBERT 1416 BAY BLVD. ATLANTIC BEACH, NY 11509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: X *Herbert Slavin*      Date: 4/28/04      Daytime Phone #: 718-495-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR