


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90088 002 ***150.00

DOCUMENT # F00000003564

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



Principal Place of Business
**800 Food Center Dr, #37
 Bront, NY 10974**

Mailing Address
**800 Food Center Dr, #37
 Bront, NY 10974**

DO NOT WRITE IN THIS SPACE

90112033



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-1710934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

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	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: X *Herbert Slavin* **4/27/06** **718-732-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #