


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90021 031 \*\*\*150.00

**DOCUMENT # F00000003564**

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



Principal Place of Business  
**800 FOOD CENTER DRIVE  
 #37  
 BRONX, NY 10474**

Mailing Address  
**800 FOOD CENTER DRIVE  
 #37  
 BRONX, NY 10474**

**40071145**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04022008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**11-1710934**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**7. Name and Address of New Registered Agent**

Name **George De Lorenzo**

Street Address (P.O. Box Number is Not Acceptable)  
**742 Whitehurst Ave.**

City **Port St. Lucie** FL Zip Code **34983**

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 *George De Lorenzo* DATE **4/8/08**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SLAVIN, STANLEY	
STREET ADDRESS	417 LINKS DRIVE	
CITY-ST-ZIP	NORTH HILLS, NY 11576	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLAVIN, BARRY	
STREET ADDRESS	22 PIN OAK DRIVE	
CITY-ST-ZIP	ROSLYN, NY 11576	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SLAVIN, HERBERT	
STREET ADDRESS	1416 BAY BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH, NY 11509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE: *Herbert Slavin* DATE **4/14/08** DAYTIME PHONE # **718-732-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR