

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002060

Entity Name: SLLP, INC. (USA)

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1411 SW 2ND STREET, SUITE 3
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1411 SW 2ND STREET, SUITE 3
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 38-2822206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, BRUCE
1401 E. BROWARD BLVD., #206
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: STOTSKY, ALAN
Address: 1411 SW 2ND STREET, SUITE 3
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: LEVY, CARY
Address: 1411 SW 2ND STREET, SUITE 3
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN STOTSKY

Electronic Signature of Signing Officer or Director

MEMB

01/08/2007

Date