

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 007 ***150.00

DOCUMENT # K96803

1. Entity Name

S & L INVESTMENTS, INC.



Principal Place of Business

**6500 N. POWERLINE ROAD
FT. LAUDERDALE FL 33309
US**

Mailing Address

**6500 N. POWERLINE ROAD
FT. LAUDERDALE FL 33309
US**



2. Principal Place of Business

1501 NW Ave

Suite, Apt. #, etc.

3. Mailing Address

1501 NW Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Pompano Beach FL

Zip

33069

Country

City & State

Pompano Beach FL

Zip

33069

Country

4. FEI Number

65-0142520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOROTA, ALAN M.
PENTHOUSE 4 - CITICENTRE
290 NW 165TH STREET
MIAMI FL 33169**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

**PST
SOROTA, JOSEPH
3000 N OCEAN BLVD
RIVIERA BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SOROTA, JOSEPH
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RIVIERA BEACH FL**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph Sorota
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20

Date

Daytime Phone #