

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# L01000017053

Entity Name: SLA, LLC

**Current Principal Place of Business:**

4621 PONCE DE LEON BLVD  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4621 PONCE DE LEON BLVD  
MIAMI, FL 33146

**New Mailing Address:**

FEI Number: 65-1143338      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDOVA, ANGEL D  
780 N.W. 42 AVE. #416  
MIAMI, FL 33126 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

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: KFOURY, SIMONE ELIE  
Address: 4621 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KFOURY, SIMONE ELIE  
Address: 4621 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIMONE KFOURY

MGRM

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date