## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # M77740 1. Entity Name 05-03-2004 90709 034 \*\*\*155 00 S&L FASHIONS, INC. Principal Place of Business Mailing Address **メオロエののすく** 3911 JOG ROAD 8296 WATERLINE DRIVE **BOYNTON BEACH FL 33437** GREENACRES FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0042256 Not Applicable Zin Country 2in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEGLER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3780 MAX PLACE **STE 102 BOYNTON BEACH FL 33436** Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete SIEGLER, STEVEN NAME NAME STREET ADDRESS 7591 CINEBAR DR. STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP STD ☐ Delete TITLE TITLE ☐ Change Addition MANDEL, LOUISE NAME NAME 7591 CINEBAR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP TITLE . Delete\_ Change\_ ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

**FILED**