2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Mar 12, 2004 08:00 AM DOCUMENT # P00000011355 Secretary of State 1. Entity Name SLH DEVELOPMENT, INC. Principal Place of Business Mailing Address 1200 S ROGERS CIRCLE 1200 S ROGERS CIRCLE SUITE #11 BOCA RATON FL 33487 SUITE #11 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite. Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0988334 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAHAMOVITCH, HARRY H Street Address (P.O. Box Number is Not Acceptable) 6353 W. ROGERS CIR. **BOCA RATON FL 33487** Zip Code FŁ 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 Typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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 11. me Delete BITLE Сhange Addition HAHAMOVITCH, HARRY H NAME NAME U00000086731 03/12/04-80035-006 150.00 STREET ADDRESS 6353 W. ROGERS CIR. STREET ADDRESS **BOCA RATON FL 33487** CSTY - ST - ZSP DITY-ST-ZIP TIRE Delete HRE ☐ Change Addition NAME ALBANESE, STEPHEN NAME STREET ADDRESS 6898 N.E. 8TH DR. STREET ADDRESS CITY-ST-7iP **BOCA RATON FL 33487** CITY - ST - ZIP Delete $m_{\tilde{t}}$ BELLE Change Addition NAME ALBANESE, LEONARD A MAME STREET ADDRESS 1200 S ROGERS CIRCLE #11 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete BILL RELE Change ☐ Addition MARKE MARKE STREET ADDRESS STREET ADDRESS CITY-S1-21P CRTY - ST - ZIP TITLE Delete TITLE ☐ Change _____.Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-782 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Hurther 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

Almrese Directo

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