

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051398

Entity Name: S.L. RECOVERY, INC.

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 291273
DAVIE, FL 33329

New Principal Place of Business:

8005 SW 29TH STREET
DAVIE, FL 33328

Current Mailing Address:

POST OFFICE BOX 291273
DAVIE, FL 33329

New Mailing Address:

FEI Number: 59-3727728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, HARRY M
2901 STIRLING RD
STE 307
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SAMUELS, HARRY M
2901 STIRLING RD
307
FORT LAUDERDALE, FL 33312 US

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: HARRY M SAMUELS

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LESSARD, SERGE
Address: 8005 SW 29 STREET
City-St-Zip: DAVIE, FL 33328

Title: VSD () Delete
Name: LESSARD, DEBORAH
Address: 8005 SW 29 STREET
City-St-Zip: DAVIE, FL 33328

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 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: HARRY M SAMUELS

RA

01/30/2009

Electronic Signature of Signing Officer or Director

Date