

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054012

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SLORP INVESTMENT CORP.

## Current Principal Place of Business:

3931 SW 47TH AVE  
104  
DAVIE, FL 33314

## New Principal Place of Business:

2390 S.W. 106TH TERRACE  
DAVIE, FL 33324

## Current Mailing Address:

3931 SW 47TH AVE  
104  
DAVIE, FL 33314

## New Mailing Address:

2390 S.W. 106TH TERRACE  
DAVIE, FL 33324

FEI Number: 65-1127243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLORP, KIMBERLY  
3931 SW 47TH AVE  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

SLORP, KIMBERLY A VSTD  
2390 S.W. 106TH TERRACE  
DAVIE, FL 33324 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: KIMBERLY SLORP

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SLORP, MARK R  
Address: 3931 SW 47TH AVE. #104  
City-St-Zip: DAVIE, FL 33314

Title: VSTD ( ) Delete  
Name: SLORP, KIMBERLY  
Address: 3931 SW 47TH AVE. #104  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SLORP, MARK R  
Address: 2390 S.W. 106TH TERRACE  
City-St-Zip: DAVIE, FL 33324

Title: VSTD (X) Change ( ) Addition  
Name: SLORP, KIMBERLY  
Address: 2390 S.W. 106TH TERRACE  
City-St-Zip: DAVIE, FL 33324

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: KIMBERLY SLORP

VSTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date