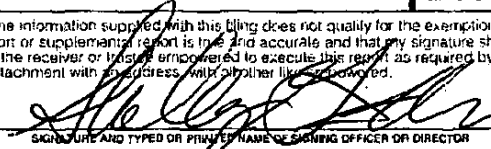


FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90004 030 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000057602			
1. Entity Name SLG CORPORATION			
Principal Place of Business 640 SOUTH PARK ROAD APT 4-16 HOLLYWOOD, FL 33021		Mailing Address 640 SOUTH PARK ROAD APT 4-16 HOLLYWOOD, FL 33021	
Principal Place of Business 4935 SW 31st Terrace		3. Mailing Address 4935 SW 31st Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dania Beach		City & State Dania Beach	
Zip 33312		Country USA	
33312		33312	
USA		USA	
6. Name and Address of Current Registered Agent GORDON, SHELLEY L 640 SOUTH PARK ROAD APT 4-16 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Gordon, Shelley L 4935 SW 31st Terrace Dania Beach, FL 33312	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GORDON, SHELLEY L 640 SOUTH PARK ROAD HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Gordon, Shelley L 4935 SW 31st Terrace Dania Beach, FL 33312	
Delete ☐		Change ☒ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
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 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 changed, or on an attachment with an address with another like and approved.			
SIGNATURE: 		4/26/04 305-613-4570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	