

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000039321 1. Entity Name SLY ENDO TECHNOLOGIES, INC.	
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Principal Place of Business
**815 NORTH HOMESTEAD BLVD
231
HOMESTEAD, FL 33030**

Mailing Address
**815 NORTH HOMESTEAD BLVD
231
HOMESTEAD, FL 33030**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1090624	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TURNER, CHARLES R
28600 SW 132 AVE
LOT 12
HOMESTEAD, FL 33033**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U600000553682
05/18/06-80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO TORRES, JOSE 1022 ADAMS AVE APT 6 HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHEINHOFF, BRIAN P.O. BOX 163953 MIAMI, FL 33116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Shy/06: 11:00:00