

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074368

1. Entity Name
S.L. IMPORT & DISTRIBUTION INC.



FILED

05 JUL 26 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**P O BOX 85134
HALLANDALE, FL 33008**

Mailing Address
**P O BOX 85134
HALLANDALE, FL 33008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005

Chg-P

CR2E034 (10/03)

4. FEI Number
22-3861947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMBARDI, JOSE
1000 N E 12TH AVE
#505
HALLANDALE, FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LOMBARDI, JOSE
STREET ADDRESS P O BOX 85134
CITY-ST-ZIP HALLANDALE, FL 33008

TITLE ☐ Change ☐ Addition
NAME **300058484673**
STREET ADDRESS **08/11/05--01046--020 **150.00**
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LOMBARDI, MARINA
STREET ADDRESS P O BOX 85134
CITY-ST-ZIP HALLANDALE, FL 33008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ZIRARDINI, ELSA
STREET ADDRESS P O BOX 85134
CITY-ST-ZIP HALLANDALE, FL 33008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/05

Date

786 344 9871

Daytime Phone #

M. Williams JUL 26 2005