

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000014907

1. Entity Name
 SLM PROPERTIES, INC.



Principal Place of Business
 11070 SW 42ND COURT
 DAVIE, FL 33328

Mailing Address
 11070 SW 42ND COURT
 DAVIE, FL 33328



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0826791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, STEVEN S
 13011 SW 40TH STREET
 DAVIE, FL 33330

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHATAS, LYNN M 11070 SW 42ND COURT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRA, MILTON 11070 SW 42ND COURT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PARRA, STEVEN S 13011 SW 40TH STREET DAVIE, FL 33330
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lynn M. Shatas* LYNN M. SHATAS OFFICER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/05 Day/Time Phone #: (931) 452-6977