


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90012 004 \*\*\*150.00

<b>DOCUMENT # P03000027793</b> 1. Entity Name <b>SLUMLORDS, INC.</b>					
Principal Place of Business <b>1330 WEST 29TH STREET MIAMI BEACH, FL 33140.</b>			Mailing Address <b>1330 WEST 29TH STREET MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>56-2338082</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCOLIERI-ROTHBERG, PAUL A 1330 WEST 29TH STREET MIAMI BEACH, FL 33140</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOLIERI-ROTHBERG, PAUL A 1330 WEST 29TH STREET MIAMI BEACH, FL 33140		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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)(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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Day/Time Phone #</small>					

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01232004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2338082** 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

SCOLIERI-ROTHBERG, PAUL A  
1330 WEST 29TH STREET  
MIAMI BEACH, FL 33140

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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9. Election Campaign Financing Trust Fund Contribution. ☐

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP  
D  
SCOLIERI-ROTHBERG, PAUL A  
1330 WEST 29TH STREET  
MIAMI BEACH, FL 33140

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #